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PARENTS AS CHILDREN

Some Unconscious Attitudes Influencing Personal Relations

BY MELITTA SCHMIDEBERG, M. D.

Modern psychology has familiarized us with the fact that there are adults who have never really grown up. The layman may be inclined to think that this is an exceptional state of affairs.

It is obvious that people who are happier under discipline, who like to be told what to do and what to think, or are reluctant to take positions of authority have retained the attitude of a child. But many persons who appear ambitious and independent display, though in a less blatant manner, the same tendency to lean on others. A woman patient, a remarkable personality in many ways, had to consult the weather report in the newspaper every day in order to decide whether to wear a coat. As a child her nurse had decided this important issue for her; now she has to seek guidance from her newspaper.

The writer knows of men holding high positions who are unable to make up their minds where to spend their holidays, or who cannot bring themselves to buy a railway ticket or post a letter, but leave such "trivial matters" to their secretaries. Along with the adult side of the mind, an infantile level of development persists actively in all of us, and both these aspects of the mind demand gratification of their needs.

The division of labor often provides us with an excuse for leaving the performance of certain tasks to others. The need for dependence is amply gratified among the poor, who have to submit to, and lean on, their superiors. The rich seem to satisfy these needs by being waited upon, and looked after, by their secretaries, servants and other employees. The latter perform for them the things which were done in childhood by their mothers or by mother substitutes: They feed them, look after their clothes and comforts and do the hundred and one things that appear trifling from an adult standpoint but are actually of great emotional importance. More than that: Often they humor their employers or reassure them, encourage or cheer them. Only recently I heard a secretary boast that she had managed to catch her boss in the right mood and had gotten him to do some really important work. A

good servant, like a good mother, fulfills one's wishes without the necessity of expressing them. Servants are parent-figures, on whom we lean, in whom we confide, whom we criticize or bully, whose rule we resent, but against whom we seldom dare to rebel openly.

We are all familiar with the type of woman whose attachment to her parents and fear of life doom her to remain a spinster. But it would be a mistake to assume that the mentality of a married man or woman is necessarily so very different. A "henpecked husband" allows his wife to nag him, as once his mother did, for spilling ashes on the carpet, or wine on the tablecloth, or for not having cleaned his shoes. She hands out his pocket money and rations his smokes, as his mother used to ration his sweets. As if he were a small child, his wife demands a detailed account of how he spent every minute away from her, and does not allow him to mix with friends of whom she disapproves. He feels too timid to oppose her openly, but adopts the same methods of evasion, guilty lying and the offering of bribes to put her in good humor, that he used toward his mother.

Sometimes a woman, by marrying, simply exchanges her parents for her husband. She expects him to look after her in every respect. She leaves money matters to him. He makes the arrangements for their vacations. She accepts his opinion on politics. Occasionally she feels neglected and misunderstood by him, as she did at home during her 'teens. Sometimes she rebels against him, or makes scenes; but she is unable to bear his absence even for a single night. Unless a friend volunteers to stay with her, she is as frightened as a baby. Gradually, her children become increasingly important in her life. Her husband is at work, she spends the whole day with them. She complains that she has not a minute to herself, that the child cries as soon as she leaves the room. But if he does not mind her going out or prefers others to her, she is disappointed. His going to school comes as a deep shock to her. Even when the children are older, she "works herself into a state" if they are a few minutes late, trembling for fear that something might have happened to them. A patient's breakdown was precipitated when her son, aged 20, came home a few hours later than she had expected him. He had gone out with a friend and forgotten to inform her.

Much has been written about (or against) parents who warp their children's lives by denying them independence. It is not sufficiently realized that they do so because of their own undue dependence on their children. Blaming the parents will not assist matters, any more than scolding will help a frightened child who clings to his mother. Such parents need encouragement, outside interests and friends, and if common-sense measures fail, psychological treatment.

The fact that parents may unconsciously regard their children as parent-figures accounts for much irrational behavior on the part of the parents. Quarrels between marital partners are often replicas of those fought out in the nursery. When, on separating, they argue as to who should keep the carpet in the dining-room or the mirror over the mantlepiece they behave very much as they did when they disputed the ownership of a certain toy with their brothers and sisters. And just as they competed for their parents' affection as children, so now each marital partner woos the child's love, and even appeals to him, directly or indirectly, as an arbiter in parental quarrels.

Some parents habitually lie to their children, even when it is simpler to tell the truth. You can be sure that they have not been very frank with their own parents. Because of an undue sense of guilt they invariably feel as if they had something to hide. Others regard the telling of a lie to a child, even if it spares feelings and saves trouble, as a serious crime. They fear that if the child discovers the deception he will never again trust them—very much as they themselves were threatened with the loss of their parents' trust if they ever told a lie. Some parents are no more able to discuss sexual matters with their children—even if they feel convinced that they should—than they were able to bring themselves to speak to their parents about such topics.

One of Balzac's 30 *Contes Drôlatiques* is called "Purity." Two children look at a picture of Adam and Eve in paradise, and the boy asks which one is Adam. The girl says, "Silly, you cannot tell as they have no clothes on." Most of the other stories in the book deal with husbands, parents, priests and other persons in authority, outwitted by young people who want to enjoy sex. Readers seem to derive as much pleasure from the description of childish ignorance as from the naïveté of parents, presumably because

"innocent children" unconsciously represent parent substitutes. People perpetuate, in the conception of the "innocent child," devoid of all meanness, sexuality and evil, the naïve idealized pictures they had of their parents when they themselves were children.

Some parents are desperately anxious to prove themselves "perfect parents" as they once tried to become "good children" when they were small. They try to hide their ignorance, weaknesses, errors and inconsistencies from their children, as they formerly sought to conceal them from their elders.

Having to live up to such high standards is, of course, rather strenuous. A woman of the writer's acquaintance is very good with her children, but is so exhausted after two hours that she must retire to bed. A child who has to be "good" prefers not to have to spend too much time in the company of his parents; he would rather be with those with whom he can feel at his ease. A boy was invited to have tea with his parents by way of a reward. They must have noticed that he did not greatly appreciate the compliment, and asked him whether he was enjoying himself. He replied truthfully: "It spoils my whole afternoon."

Some parents long for emotional intimacy with their children, but are as little able to overcome their shyness or to feel at ease with them as they were with their own parents. While certain adults feel that they are justified in exercising parental authority only if they live up to an unreal ideal of perfection, others are incapable of doing so under any circumstance. A patient of the writer's wanted her children to call her by her Christian name, because the word "Mummy" was associated in her mind with such unpleasant memories. She dreaded nothing more than to be like her own mother. The less a parent is able to identify himself with his own parents, the more likely is he to identify his children with them unconsciously: The child becomes a parent substitute so that the real parent feels he has no right to impose his will on him or demand obedience.

The adult often becomes dependent on the child, however young. One woman could not buy a dress without consulting her daughter, aged nine, and her daughter's little friend. Sometimes, the child is assigned the role of arbiter in marital quarrels, or is obliged to make decisions for which he is too young. To beat a

child seems a crime, like chastizing one's own parents. The adults "reason" with the child in an attempt at unconscious self-justification. Nothing may be taken for granted. "Tolerance" and "freedom" become an excuse for the parents' reluctance to shoulder their responsibilities.

Some observers have been surprised that the introduction of such noble principles as "tolerance" and "freedom" into the sphere of upbringing should in practice often produce unfortunate results. This is because the behavior and attitude of the parents is the deciding factor, not the slogans they adopt. These slogans, now so much in favor, are often made an excuse for parental weakness and indecision, and the child is quick to sense this. Again, parents who are unable to protect their own interests against the demands of their children, are likely to revenge themselves tenfold in other ways. Afraid to resort to concrete punishments for which they must take the responsibility, they allow the child to "suffer the consequences," which is often more cruel; or they punish him by making him feel guilty. Instead of giving direct commands they seek shelter behind moral standards and rules of hygiene. They demand obedience, not for their own ends, but on behalf of some higher authority—an impersonal rule—and, of course, "for the child's own good." They play on the child's emotions, trying to maneuver him indirectly into doing what they want, just as they did with their own parents.

As has just been said, a feeling of fear and guilt toward the child may prevent a parent from exercising his normal authority. In other cases, however, anxiety and guilt may produce the opposite result. Fearing the child as an adversary, the parent feels impelled to keep him under control by means of punishments and threats or by playing on his emotions. All parents who ask, "But what shall I do if my child refuses to obey?" or who feel that if they give in to him once he will take advantage of it, are actuated by fear of the child. A normal parent takes it for granted that his child will obey him; and, therefore, as a rule the child does so, unless the demands are unreasonable.

Certain parents do not like to have their child mix with other children unless they have been selected and approved by them. This attempt to isolate the child from the outer world is also due to fear of him, to fear that his rebelliousness might be encouraged by

others. For the same reason, they are not pleased if he gets on too well with his brothers and sisters. They would, of course, seldom admit that they act on the principle *divide et impera,* yet this is what they unconsciously do. In all cases of exaggerated jealousy and quarrelsomeness between siblings or of difficulties in making friends outside the family, the possible existence of this parental attitude should be inquired into.

It is related in Genesis 11 that when men started to build the tower of Babel "the Lord came down to see the city and the tower, which the children of men builded. And the Lord said, 'Behold, the people is one, and they have all one language; and this they begin to do: and now nothing will be restrained from them, which they have imagined to do. Go to, let us go down, and there confound their language, that they may not understand one another's speech.' So the Lord scattered them abroad from thence upon the face of all the earth; and they left off to build the city."

The unconscious tendency to set the children against each other reproduces the parent's early efforts, prompted by jealousy and fear, to separate his own parents. It is interesting to observe how parents manage to inspire in their child an appropriate reaction to an attitude which they have not openly expressed. A patient noticed that on several occasions when she felt angry with her little boy but controlled her temper, his younger sister suddenly started to hit him.

We tend to think only of the child's "Oedipus complex," his sensual impulses and jealousies. But the parents display similar reactions towards the child and provoke and intensify his. The little girl wants to have her father to herself and is jealous of any intimacy between him and her mother. On the other hand, the mother sometimes feels jealous of her husband's relation to her daughter and competes with her, as she once did with her own mother.

Although some parents frequently exhort their children to be friendly to each other, their real aims are somewhat different. In fact, the exhortations often have the effect of spoiling a really good relationship. For a child to be constantly reminded that he should be kind to his brother, is the surest way of making him dislike him, and this is what the parent may unconsciously desire.

Another way of dealing with this fear of the child is to hold aloof from him. Some parents send the child off to school at an early age, or arrange for a nurse to take complete charge of him. The dependence of certain well-to-do mothers on the nurse is pathetic. They regard the possibility of her leaving as a major catastrophe; they have the greatest difficulty in managing the children on the nurse's afternoon off, and are only able to cope with the situation at all by continuously bribing the child. By evening, they are exhausted and only too thankful that the nurse is back again to relieve them of their unwelcome duty.

Let us return to considering the parent who maintains a good relation to his child but is unduly dependent on him. Every step forward in the child's development makes it necessary for the parent to accomplish a painful process of detachment. Mothers who are too dependent on their offspring are likely to display disproportionate reactions to weaning the child, to his going to school, to growing up, leaving home, getting married, etc. If an infant is upset by weaning, it is as well to pay attention to the mother's state of mind. Some mothers react with fits of depression, others feel generally upset and unsettled. Again when a child is afraid of going to school, his mother's reaction to this event should be taken into account. It may be that she fears that he will be as unhappy as she was at school, and infects him with her fears. Her anxiety may also cover unconscious resentment and while she professedly wants him to be happy, unconsciously she may resent his leaving her, just as she once minded her mother going out and leaving her. The idea that her boy should share his secrets with his friends or engage in activities from which she is excluded upsets her, just as she did not like to be excluded from the intimacies of her parents. Such reactions are as a rule masked by an undue concern for the child's welfare.

The effect of such an attitude is an unfortunate one. A little girl used always to be dressed and to have everything done for her. Once at the age of five she ventured to dress herself while the adult in charge of her was out of sight. She was duly punished for this manifestation of independence. She insisted on sleeping by herself when she had reached the age of six. Her mother eventually consented, with tears in her eyes. The child slept by herself but felt frightened, and next morning decided that she would again

sleep with her mother, much to the latter's satisfaction. As might be expected, the child gradually became more difficult, and eventually the mother had to send her to a boarding school. There she got on badly. The suppressed rebelliousness originally felt for her mother now asserted itself against the teachers; but at the same time she obliged her mother by her failure to adapt herself. She felt that in spite of her protestations, her mother would have resented it if she had gotten on well at school and had been happy away from home.

The writer has often been asked whether it is wise to encourage parents to visit their children when they are at school, in hospital, wartime evacuation home, etc. The question cannot be answered by a simple "yes" or "no." Many factors determine whether the child will be reassured or unsettled by the visit. One of the most important factors is the parents' unconscious attitude: whether the parents really want the child to be happy where he is, or make him feel guilty for liking his parent surrogates.

Much has been written about problems of adolescence. We should not overlook the fact that this difficult phase in the child's life often coincides with a difficult period in that of the parents. The latter are as a rule in their 40's, the mother undergoing her "change of life," the father feeling his energies decline, just when his son is only too keen to excel him. The mother realizes that her beauty is fading, while her daughter is on the threshold of life. She feels toward her daughter the pangs of jealousy that once she felt toward her own mother when she was still too young to have a social or sexual life.

Victorian parents kept careful watch on the books their children read, and generally tried to "protect" them from life. Edwardian parents felt it their duty to acquaint children solemnly with "the facts of life." Today the tables are often turned. Many young people feel—frequently with only too much justification— that they know more about life than their parents.* They ask them-

*A couple decided that their children must not suffer as they had done themselves from ignorance on sexual matters, but they postponed the fateful talk from year to year. Eventually the mother broached the subject to her daughter who was now 18 years old. The latter listened with increasing amazement and eventually said: "But mother, we learned all that in biology years ago." The father never found the courage to discuss the matter with his son who is now in the army and is not likely to stand in need of his father's well-meant assistance.

selves, half in jest, half in earnest, "Can I let mother read this book? Will she not be upset if she learns about certain aspects of sexual life?" Some parents make pathetic efforts to be "modern," to be accepted by their children on equal terms, to be tolerated by their children's friends. The fear of being "too old" is their nightmare.

More than one person has told me that he or she has been dreading getting older, because at 30, 35 or 40, the enjoyment of life would come to an end. They feared that they would become like their parents: dignified, dull, full of all sorts of aches and worries. When they actually reached the age feared, they realized with tremendous relief that they still were very much the same person. As a rule, their elders had been used to explaining their ill-humor, depressions or peculiarities as being due to their age, and had said on more than one occasion (as a rule when warding off some criticism by the child), "Wait till you are my age, you too . . . " So the child assumed these unpleasant peculiarities were inevitable.

Some people have hardly gotten over their fear of being "too young" when they already begin to develop the corresponding fear of growing "too old." I have had patients between the ages of 25 and 35 who somehow contrived to have both these painful feelings, alternately, or even more or less simultaneously. Notwithstanding appearances, these two fears are akin. One is excluded equally from the company and counsels of those who count, whether one is too young or too old. One can be either not yet potent or no longer potent. Some women make the same frantic efforts to appear young as they made during their adolescence to appear grown up.

The psychology of old age has much in common with that of childhood. One of its aspects is the wish to be nursed, protected and cared for. Other features are resentment at being excluded, hate and jealousy of the younger generation corresponding to similar feelings in the young for the older generation, fear of being unable to perform certain physical and mental feats, or pride at "still" (in the young "already") being able to perform them.

Fear of retaliation intensifies worries. A son who ridicules his father when he becomes old and feeble and expresses "antediluvian" views, will expect similar treatment from the younger generation when he in turn grows old. I pointed out earlier that parents are often unconsciously afraid of their children. In the case of an infant, this fear is obviously irrational, though it is real enough. In the case of an adolescent it has more foundation in fact; and this tends to aggravate it. The restrictions so many parents impose on their adolescent children are largely prompted by this unconscious fear. They do not want their children to become independent because they are afraid that they will turn against them and become dangerous adversaries. This method of treating a child is, of course, only too likely to bring about the result which it was designed to avoid. But people dominated by unconscious fears seldom behave rationally.

There are further aspects of this situation to be considered. To most women, the marriage of the eldest son or daughter is an emotional shock with which the mother deals as best she can. She feels that her child has deserted her and envies him the pleasures she herself must renounce. Preoccupation with her child's sexual life reactivates early conflicts over sex. A woman of the writer's acquaintance was presented with the fact of her son fathering an illegitimate baby. Her despair was like that of a young girl deserted by her lover: She behaved something like a prudish adolescent on discovering for the first time the realities of sex. She insisted that her son should leave the town where she lived; and, even so, it took her a year to get over her depression, indignation and upset, and settle down to normal life again. This reaction was the more remarkable as she was already aware that this son, as well as his older brothers, had had sexual relations with women. But it seems she managed, somehow, to repress her knowledge, until the fact of the baby's existence forced her to accept it. We find the same reaction in children who deny the existence of their parents' sexual life, until a baby brother or sister is born, an event by which they are greatly upset.

A patient of 60 reacted with depression, jealousy and suppressed hate to her son's marriage, exactly as she did when her father mar-

ried her stepmother. Every little girl is jealous of her mother, but normally her fondness of her mother and the love the latter shows to her helps her to establish a good compromise. This is liable to be upset, if she has to make renewed efforts of adaptation owing to her father marrying a second time. A similar situation arises for a mother who has managed, more or less successfully, to get on well with her daughter, but is expected not only to put up with, but to welcome, a stranger who takes away her beloved son.

We are familiar with the difficulties which a daughter-in-law must face in her relationship to her mother-in-law; but the latter has an equally difficult task. A bullying or critical attitude is partly due to resentment and jealousy toward the woman who steals her son. In part it represents a defensive attitude toward a newly-acquired and feared mother substitute, a woman who will, she fears, criticize and dislike her and usurp her authority when she is weak, dependent and old. A grandmother told me how she sneaked secretly into the nursery of her baby grandson, fearing the disapproval of her daughter-in-law, as she used to fear that of her own mother. She feels that the baby's mother is too severe, just as she complained of the severity of her own mother.

So many grandparents are kinder and more loving to their grandchildren than they were to their children. They feel no responsibility or moral obligation to set a good example, and so they can afford to be human. If they are reminded of the way they treated their children, they either profess to have forgotten it, or else say they have learned better since. In fact, having abreacted their feelings of hate and fear toward their children, they are free to love their grandchildren.* Many secretly conspire with their grandchildren against their children, as they once did with their own grandparents against their parents. It is said that Henry VIII demanded that the nobles should bend the knee when in attendance upon him. But he did not mind the peasants fingering his bejeweled clothing. The distance between him and them was so great that there was no need to stress it.

*"The Romans have long been forgotten and to the Normans they seem to have retained no enmity: Indeed, they may almost be said to love them for the same reasons that grandfathers are supposed to prefer their grandchildren to their immediate issue, because in them they see the enemies of their enemy." T. Jones and Sir J. R. Bailey: *History of the County of Breckknock.* Vol. 11, p. 20.

The understanding of these unconscious reactions is of importance in dealing with parents. We will not achieve much if when advising them how to handle their children, we merely lecture and reproach them. We must understand their emotional difficulties and know how best to diminish these; if they have fewer conflicts themselves they will become better parents. Advising parents often means psychotherapy of parents.

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THE PSYCHOPATHOLOGY AND TREATMENT OF DRUG ADDICTION IN RELATION TO THE MENTAL HYGIENE MOVEMENT

BY DAVID P. AUSUBEL, M. D.

The aim of this paper is to discuss the broader implications of drug addiction in relation to psychiatry as a whole and to mental hygiene in particular. This involves primarily a consideration of the basic personality structure of drug addicts and of the adjustive value of drug addiction to individuals with this personality make-up. For it is only in the light of this relationship that drug addiction constitutes more than a rare and isolated phenomenon of behavioral maladjustment (which psychiatrists and other medical men approach with disinterest, dread and despair) and becomes only one of many possible types of abortive adjustments to reality —to which a large segment of our population is subject by virtue of a specific disorder of personality development.[1]

In a sense then, this paper might be better entitled "The Mental Hygiene of the Inadequate Psychopath," since it is the writer's contention that inadequate psychopathy is the underlying personality defect in drug addicts. This broader problem of psychopathy, however, can be best approached through the more specific study of personality inadequacy as seen in drug addicts, since such individuals not only present this disorder in "pure culture," but have also adopted a reaction pattern of which the adjustive value may be observed under controlled hospital conditions, and which is susceptible to pharmacological and neurophysiological investigation in man and in experimental animals. The drug addiction hospital and research center has thus become a vast experimental laboratory for the study of the inadequate personality; and the theoretical as well as the practical mental hygiene applications of this study can be reasonably expected to throw considerable light on this perplexing subject.

Historical considerations also predetermine this method of approach to the study of the inadequate psychopath; for in the law establishing the creation of federal hospitals for the treatment of and investigation into the causes of drug addiction, we have the first serious excursion of the federal government into the psychiatric and mental hygiene aspects of so-called "moral" and crim-

inological problems. This official recognition of drug addiction as a manifestation of a diseased personality represents one of the major milestones in the mental hygiene movement in the United States.

Before considering the broader mental hygiene implications of drug addiction, it is obvious that we must first briefly review the pharmacological and psychopathological aspects of drug addiction, and evaluate the methods, results, and shortcomings of the most advanced forms of treatment available today.

Pharmacology

I. *General Pharmacology*

The pharmacological properties of the opiates might at first sight seem so apparent and well known as to obviate any necessity for their discussion in a paper on drug addiction. Yet, nothing is further from the truth, since the complex phenomenon of narcotic addiction, of which the mechanism is still not explained, depends on an intricate relationship between different pharmacological actions of the drug, which in turn produce the equally mysterious component phenomena related to addiction, such as analgesia, euphoria, tolerance, physical dependence, and psychic habituation. It is also well to keep in mind that even though it may be possible to explain the *clinical occurrence* of drug addiction on the basis of its adjustive value in certain types of personality disorders, the actual pharmacological events occurring in a given portion of the nervous system, upon which this adjustive value depends, still remain unexplained.

The chief effects of morphine are on the central nervous system, on smooth muscle, and on the autonomic nervous system. The effects on the central nervous system are both depressant and stimulant, depending on dosage and on the level of the reacting portion of the nervous system. The generalization that "morphine depresses from above downward and stimulates from below upward,"[2] although not completely accurate, since both depressant and stimulant effects can be demonstrated at all levels of the nervous system,[3] is adequate enough for our purposes.

Dosage is a more important factor. Small doses (at least initially) are invariably depressive at the higher levels of neural or-

ganization. Larger doses are required to bring out the stimulant properties of the drug, and then seem to have more effect on spinal centers (strychnine-like convulsions) and parasympathetic brain centers (vomiting, bradycardia, miosis) than on higher levels. In the intact cat, a small dose of morphine, after initial depression, will cause an apparent stimulation. However, this seems to constitute more of a "release" phenomenon, "a disintegration of adaptive behavior due to selective cortical depression" than true "stimulation"[4]; larger doses result in "delayed stimulation actions."[3] Some of these apparent excitatory effects may, in turn, be release-phenomena due to depression of intermediate centers or "compensatory reactions to the primary effects of the drug."[3]

The depressant effects of morphine on the higher centers are well known and may be divided into five categories: (a) *analgesia* —relief of pain; (b) *sedation*—freedom from anxiety, muscular relaxation, apathy, lessened physical activity; (c) *hypnosis*—drowsiness, and lethargy; (d) *disintegration of adaptive behavior* (a release phenomenon)—"rapid flow of uncontrolled thought and imagination, . . . inability to concentrate, difficulty in mentation"[2] and; (e) *euphoria*—a sense of well-being and contentment, "disappearance of doubts, fears, and inhibitions, and increased ease of discriminating and making decisions."[2] The significant and characteristic features of morphine as a central nervous system depressant are its capacity to produce marked analgesia without sleep, loss of consciousness or marked depression of the motor cortex; the fact that "the psychological effects outlast the analgesic action by many hours"[2]; and marked depression of the respiratory center and cough reflex. The other central effects are probably excitatory in nature, depending on central parasympathetic stimulation; namely, miosis, vomiting and bradycardia. The gastro-intestinal actions—decreased motility and peristalsis accompanied by increased tonus, decreased secretion, but increased water absorption[2] (accounting for morphine's constipating effect) —are typical of its actions on smooth muscle in general.

II. *Pharmacology of Addiction*

From the standpoint of drug addiction and its mechanism, one must consider its following component phenomena: tolerance, physical dependence, and psychic habituation. The last-named phe-

nomenon by which is meant "the tendency for the patient to relapse to the use of drugs even after he is no longer physically dependent on the drug,"[5] relates more particularly to the psychopathology of addiction, and will be discussed under that heading. The pure pharmacological aspects of that problem, analgesia and euphoria, and the relationship between them may be properly discussed here.

A. *Tolerance*

By tolerance is meant the fact that the dose of a drug must be gradually increased with usage to obtain the original magnitude of response; or that, with usage, the individual gradually acquires the ability to withstand doses that would originally prove lethal. Tolerance does not develop uniformly to all the effects of morphine. It appears rapidly in the case of the depressant effects, but even among these, discrepancies exist. It is common knowledge that tolerance develops more quickly to the euphoric than to the analgesic effect, since a drug addict must boost his dose frequently to get the same "kick," whereas a patient with terminal carcinoma can be kept comfortable and pain-free for a long time on unincreased doses. Tolerance for the stimulant, gastro-intestinal and miotic properties of morphine, on the other hand, never develops. It is interesting to note that "the addict is tolerant to nine or more times the dose which he requires to prevent symptoms of abstinence, and that such a dose does not increase the interval before the drug is again requested."[2] The most acceptable theory of tolerance is that it is a "cellular phenomenon, that is, certain cells of the brain acquire the ability to function normally despite the presence of concentrations of morphine which ordinarily would depress their activity."[2] This problem will be taken up again in discussing physical dependence.

B. *Analgesia*

Wolff and co-workers[6] have determined "that there are three components to the relief of pain afforded by opiates. First, morphine is capable of raising the threshold for pain perception. . . . Secondly, opiates alter the pattern of reaction to pain . . . the pain is still perceived but it no longer brings forth the usual responses (anxiety, fear, panic, withdrawal and flight). The patient

is capable of tolerating the experience of pain when it is freed of its implications."[6] Finally, morphine is analgesic by virtue of its sleep-producing action, "sleep in itself raising the threshold for pain by approximately 50 per cent."[6] The site of the analgesic action of morphine cannot be definitely stated at present. A decorticate animal has a higher pain threshold than an intact animal but on the other hand shows a greater motor response to pain. Head and Holmes, thus, interpret over-reaction to pain and pleasure, in the face of an increased pain threshold found in the thalamic syndrome of Dejerine and Roussy, as a "release phenomenon" in which the thalamus is released from the "restraining influence which the cortex exerts normally through the cortico-thalamic fibers."[7]* Morphine also will depress the "motor components of sham rage" in a decorticate animal.[3] It would thus appear that the cortex lowers the threshold for pain perception, but inhibits the response to pain; and, hence, morphine as a result of cortical depression should raise the pain perception threshold but *increase* the reaction to pain. But since we know that morphine actually *decreases* the reaction to pain in a decorticate as well as in an intact animal, the subcortical action of morphine must predominate in so far as this component is concerned.

C. *Separability of Analgesia from Other Actions*

This brings the discussion to the crucial question of the separability of the phenomena of analgesia, sedation, euphoria and physical dependence, upon the possibility of which the search for a new "non-addictive synthetic analgesic" has gone forward with such hope and avidity.[8] That the analgesic action of a drug is theoretically separable from its sedative action can be seen in the contrast between morphine and the barbiturates. The separability of the analgesic factor from that of physical dependence will be dis-

*It is obviously difficult to reconcile these facts with the recent successes (W. Freeman and J. Watts. Digest Neurol. and Psychiat., XVI, 62-68, Feb. 1948) achieved in treating intractable pain with leucotomy limited to the orbital quadrants. The suggestion is offered that the latter lesion (thalamo-cortical), unlike decortication and corticothalamic interruption (both of which increase reaction to pain), exerts an analgesic effect through a specific inhibition of the self-critical faculty. This effect, as suggested later, may account for the diminished reaction to pain and the euphorogenous action of morphine despite the cortical and corticothalamic inhibition which would otherwise tend to enhance the response to pain.

cussed later; however, its theoretical possibility has already been long foreshadowed in the contrasting actions of atropine and scopolamine, in which the parasympathomimetic function is identical despite opposite cortical actions. The hypothesis of the entire pharmacological approach to the prevention of drug addiction has always been that it would be possible to alter the chemical constitution of morphine and its derivatives in such a way that some effects (the analgesic) would be enhanced while others (the addictive) would be diminished.[9] This has already been demonstrated for the analgesic and spinal stimulant properties of the drug.[9] The question that is now raised is whether it is theoretically possible to separate the euphoric from the analgesic properties of a drug. This involves a discussion of the psychology and physiology of euphoria.

D. *Euphoria*

Euphoria is usually defined as a generalized feeling of well-being ("all is right with me and the world") in the absence of any objective justification for such feeling. The author postulates that there are three components involved in euphoria: (a) absence of pain or inability to react to painful stimuli; (b) an intensification of usual pleasurable or voluptuous sensations; and (c) an inhibition of the normal self-critical faculty. The most common type of psychogenic euphoria, that found in manic states, probably involves only the last component. The two chief pharmacological "euphoriants," morphine and marijuana, are both central nervous system depressants and analgesics. Even nitrous oxide will not infrequently give rise to laughter and exhilaration before unconsciousness supervenes. There is thus prima facie evidence for the pharmacological association of euphorogenous and analgesic actions. Whether this association is to be considered inevitable depends on the following neurophysiological and pharmacological evidence.

The thalamus is generally accepted as a lower center for primitive protopathic sensibility, more so for the cruder sensations of pain and extremes of temperature than for the more finely discriminated sensations of touch and kinesthesia which are shunted more directly to the cortex. Also perceptible at the thalamic level, are the affective qualities of sensation—agreeableness and dis-

agreeableness (Head). From a consideration of the *thalamic syndrome,* of orbital leucotomy, and of the pain *thresholds* and reactions to pain in intact and decorticate animals, both with and without morphine, it has already been concluded (see the foregoing) that: (a) The cortex lowers the pain threshold but decreases the reaction to pain; and (b) morphine raises the threshold to pain sensibility by virtue of its cortical depressant effects, but diminishes the response to pain as a result of a thalamic or thalamo-cortical action.* Morphine thus produces the first component of euphoria—absence of pain or inability to react to painful stimuli—by a combination of cortical and subcortical actions. Since morphine also generates positive pleasurable feelings, the same explanation of cortical (corticothalamic) inhibition must be operable here too, especially since it has been demonstrated that a decorticate as opposed to a decerebrate animal can experience pleasure. Thus morphine also satisfies the requirements of the second component of euphoria (see the foregoing). The third and last component of euphoria—inhibition of the self-critical faculty—may be mediated by depression of thalamo-cortical connections.* It is analogous to the euphoria following prefrontal lobotomy, wherein the destruction of pathways similar to those involved here results in the patient adopting a less critical view toward himself and toward the urgency for adaptation.† The conclusion thus seems inescapable that any potent analgesic (which like morphine causes analgesia by cortical and corticothalamic depression) will simultaneously produce pleasurable sensations; and when, to this, is added an inhibition of the self-critical faculty produced by thalamic or thalamo-cortical inhibition, all of the prerequisites for a euphorogenous drug are fulfilled.

E. *Physical Dependence*

The last aspect of narcotic addiction that still needs attention here is the phenomenon of physical dependence. The importance

*See footnote, page 223.

†Consideration of this relationship leads to the therapeutic possibility of the artificial induction of drug addiction as a reversible pharmacological substitute for leucotomy or electric shock therapy in the treatment of painfully obsessive, self-condemnatory and depressive trends. This procedure would, of course, leave the basic anxiety untouched, but might allow for sufficient initial recuperation of self-esteem to reinstate normal striving and to overcome depression.

of this component of addiction has, on the one hand, been vastly overrated; and, on the other, its existence has even been denied. "By physical dependence is meant the physiological change produced when a person has taken a considerable amount of opium or one of its derivatives for a considerable period of time. The result of this change is that if the administration of the drug is discontinued or the dosage drastically reduced, the person becomes physically ill"[1] (develops the withdrawal syndrome). Because the signs of physical dependence are very dramatic and reminiscent of hysteria on one hand, and of the physiological symptoms of anxiety on the other; and since they are undoubtedly influenced by the personality of the addict, by the attitude he takes toward his addiction and abstinence symptoms, and by the attitude taken by others toward his withdrawal signs, many observers have erroneously jumped to the conclusion that the abstinence syndrome is psychogenic and hysterical in nature, representing "the bodily manifestations of terror, panic, or desperation." There is very little foundation for this belief, however, since there is no correlation between the degree of anxiety attending withdrawal and the severity of the withdrawal symptoms; because the same symptoms appear in similar progression in addicted animals; and because the symptoms are unaffected by hypnosis and non-opiate sedatives.[5]

The symptoms comprising the withdrawal or abstinence syndrome may be divided into three general groups: (1) *Sympathomimetic*—gooseflesh, tachycardia, tachypnoea, increased blood pressure, hyperglycemia, rise in body temperature, mydriasis, anorexia and weight loss; (2) *symptoms of increased central nervous system excitability*— yawning, sneezing, lacrimation, rhinorrhoea, pains and cramps, headache, restlessness, irritability, tremors, insomnia, anxiety and sweating; and (3) *smooth muscle reactions*—vomiting and diarrhea. It is immediately obvious that all of these symptoms represent antagonistic responses to the three main actions of morphine. Thus, without even attempting to review all the numerous theories of the mechanism of the abstinence syndrome upon which the special methods of treatment are founded (coagulation of protein colloids in the nervous system; the lipoid combining theory; endocrine dysfunction; the immunity theory; the anaphylactic theory, etc.), one is forced to agree with Kolb's and Himmelsbach's explanation that the syndrome repre-

sents the perpetuation of a functional reactive mechanism (designed to counteract the antihomeostatic effects of morphine) which naturally cannot cease as abruptly as the drug is withdrawn.

The attractiveness of this explanation lies in the fact that it can easily be brought in line with the theory of tolerance and physiological habituation. It is well known that tissues can be gradually adapted to respond to originally unnatural levels of physiological stimulation, and that these new tissue adaptations cannot later be abruptly terminated. A man who trains himself to drink six quarts of water daily is soon forced to drink that amount. Likewise, if mercupurin is withdrawn abruptly from the cardiac patient whose edema has receded, the edema will return despite the resumption of cardiac competency. Thus, the foregoing explanation rephrased in terms of the cellular tolerance theory would read as follows: Whatever the normal physiological stimulus is which morphine in its various actions opposes, the individual who has developed tolerance becomes able to manage with less of that stimulus; so that when the drug is withdrawn, the normal physiological level of the stimulus acts as an overdose, and hence produces symptoms opposite to the effects of the drug. The unique addictive properties of opiates and related drugs probably depend on the tremendous capacity for the development of tolerance to them, on the unique combination of cholinergic, smooth muscle and central nervous system actions, and on the relative tolerance ratios of their various component actions. As already mentioned, tolerance to the analgesic and euphoria-producing actions is much greater than to the cholinergic and smooth muscle actions. Hence, the limits of tolerance, as well as the more important abstinence signs are probably determined by the latter actions; and a potent analgesic, in which these actions are relatively mild in a given species, will probably not cause a severe withdrawal syndrome.

F. *Stages of Addiction*

The stages in addiction to morphine may thus be formulated by considering the relationship among the phenomena of tolerance, physical dependence and euphoria. (a) Initially, before some tolerance is established, morphine produces disagreeable sensations, since the potential euphoria cannot be realized in the face of uncomfortable visceral effects, such as nausea and vomiting. (b) In

the next 10 days, as tolerance and physical dependence are being concommitently established, the euphoria is most marked. (c) Thereafter, morphine must be taken for two reasons—to prevent abstinence signs, and to perpetuate the newly-discovered euphoria and the pleasant escape from reality. However, to realize the euphoria, the dose must be increased. Addicts as a group will vehemently insist that once physical dependence is established, they no longer get a "kick" out of the drug, but take it "just to feel normal." The truthful addict, however, will admit that he takes one "shot" to prevent the suffering that goes with withdrawal, and the second for the "kick." Tolerance for the euphoria does develop, but not so rapidly or so completely as the addict asserts. A lesser residual euphoria, possibly devoid of the original voluptuosity, always remains. The myth of perpetuating the habit "just to stay normal" sounds very unlikely when one considers the tremendous cost in money and social prestige, as well as the risk of imprisonment and disgrace involved—all of which could be avoided by simply undergoing the moderate and self-limited physical suffering of withdrawal. This myth is just another rationalization that the adept drug addict has "bull-dozed" a large part of the medical profession into accepting. It has resulted in an exaggeration of the importance of physical dependence and of the importance of finding a potent analgesic without the property of establishing such dependence.

Physical dependence will not explain why normal individuals, given morphine over long periods of time, do not become addicts; why addicts freed of physical dependence will relapse to the use of drugs; why addicts use a dose much greater than that necessary to prevent abstinence signs; and why they "shoot the drug main line" (intravenously). Thus, even if such an analgesic as is sought were available, it would not influence the rate of drug addiction appreciably. Very few normal individuals exposed to morphine become addicted out of fear of undergoing the withdrawal syndrome; and, conversely, potential addicts are not and would not be deterred from the use of the drug by the knowledge that they must inevitably suffer the pain of withdrawal. Thus one must turn to the factor of "psychic habituation" or to the psychopathology of drug addiction to understand why drug addicts become addicted to drugs.

Psychopathology

I. *Introduction*

As indicated in the introduction to this paper, one major objective of the writer is to present the evidence for the thesis that the occurrence of drug addiction depends on its unique adjustive value in a specific type of personality disorder, namely, the "inadequate psychopath." This theory is offered as an explanation of why most addicts become addicted to drugs. The pharmacological basis of this adjustive capacity has already been considered in discussing the actions of morphine, the possible site and mode of these actions, and the component pharmacological phenomena related to addiction. It has already been concluded that physical dependence cannot be used as an explanation for the occurrence of narcotic addiction, and that the chief effect of the drug associated with the phenomenon of psychic habituation is its euphoria-producing properties.

Drug addicts give various explanations for the onsets of their addictions, none of which have much bearing on the actual reasons. Favorite explanations are abnormal curiosity, undesirable associates, relief of pain (a doctor or hospital is usually blamed for "hooking" these addicts) and a need to sober up from alcoholic hangovers.[10] Then, "once hooked," the perpetuation of the habit is easily rationalized as a device to "keep normal." The truth of the matter is that only a very small proportion of persons exposed to narcotics in one fashion or another become addicted to them; that the actual mode of introduction is only of "incidental interest," since the differential factor accounting for addiction is the possession of a personality disorder for which narcotics have such a uniquely efficient adjustive value that the potential addict on first experiencing it figuratively exclaims, "This is what I have been looking for all of my life." This brings us to a discussion of the structure of the inadequate personality.

II. *The Inadequate Psychopath and Drug Addiction*

The inadequate psychopath is essentially still a child in his reaction to life's problems and frustrations. He has never been able to dissociate himself emotionally from his parents, and to conceive of himself as an independent personality with independ-

ent adult ego-demands and goals of his own. There has been, in effect, an arrest of personality development at that stage in which childhood goals and goal-seeking patterns normally mature into their adult counterparts. Because of lack of emotional identification with normal goals, the inadequate psychopath is unable to sustain his motivation in striving for them, or to derive any satisfaction from their realization. His attitude toward life is passive and dependent. He demonstrates no desire to persevere in the face of environmental difficulties, or to accept responsibilities which he finds painful.

This attitude, however, if acknowledged, would provoke inner conflict and explode the fiction of serene adequacy so vital to his puerile sense of security. Therefore, to justify this passivity and lack of striving, the inadequate psychopath denies the very existence of his difficulties and problems, as well as his obvious inadequacy. He is inadequate in fact; but, thanks to an excellent capacity for rationalization, he experiences no feelings of inadequacy. By making unwarranted assumptions about his capacity for meeting new situations, he obviates the necessity for painful planning or preparation. By denying his failures and exaggerating the efficacy of his adjustment, he is thereby required to put forth less effort toward a positive solution of his problems. This inability to derive satisfaction from adult goals only intensifies the childish hedonism which he has never outgrown, and gives rise to a compensatory need for satisfaction from immediate short-term goals. He becomes preoccupied with the search for an easy, effortless, unearned form of pleasure. All of these factors contribute to the resultant instability and nomadism that is characteristic of this group. Except for the generalized factor of emotional immaturity, the inadequate psychopath bears no resemblance to the aggressive, antisocial type of psychopath whose personality development as described by Karpman[11] is characterized by "moral agenesis."

Given this type of personality structure, and returning again to the three euphorogenous properties of morphine (see the foregoing), it is not difficult to understand why drug addiction is such an ideal and efficient solution for this type of individual (from his own point of view, of course). It results in positive, immediate pleasurable sensations which satisfy the quest for effortless, hed-

onistic satisfaction. It dulls the self-critical faculty to the point where the addict becomes easily contented with his inadequate hedonistic adjustment to life and is more easily able to evade and overlook responsibilities; and where in the complete absence of any actual accomplishment, he feels supremely satisfied with himself and his future. By virtue of its analgesic properties and general dulling effect on consciousness, the drug provides a partial escape from the disturbing and distasteful elements of reality. Thus, if he is actually required to work and assume responsibility, the hard, distasteful edge of the task is softened, much in the way a self-indulged child will fulfill his chores as long as he has a lollipop in his mouth. Deprived of his drug, the addict feels that "things are just not the same any more; that something is missing." It is thus easy to understand why the drug addict shortly after the phase of withdrawal is over, patronizes "sick call" so frequently. All his minor aches and pains—which passed unnoticed while he was actively addicted—now suddenly intrude upon consciousness; and, by contrast to the previous state of painlessness, loom disproportionately large.

The causes of relapses are practically the same as those responsible for the original addiction: namely, the predisposing personality disorder, and experience with the adjustive value of the drug. To these must be added two other factors: (1) "Memory associations and habits that are built up by the practice over long periods of time of relieving mental and physical distress and pain," and procuring instantaneous satisfaction merely by inserting a needle under the skin,[1, 10, 12] and (2) the non-adaptive perseveration of the pain-relieving motivational value. That is: At one time an injection of morphine signified a release from the physical suffering of abstinence. Later, although there is no longer any possibility of suffering since physical dependence is broken, there is still some non-adaptive perseveration of this particular motivational component. In addition, the practically inevitable occurrence of withdrawal symptoms almost seems to be welcomed because of the renewed possibility of experiencing the relief afforded by the drug in this situation. This is comparable to the well-known example of the individual "who knocks his head against the wall because it feels so good when he stops."

III. *Critique of the "Tension" or Anxiety Theory*

The psychopathology of drug addiction has long been shrouded in vague and often contradictory terms such as "psychopathic diatheses"[13]; "hedonism" (Kolb); relief of "physiological unhappiness" due to unspecified inner tensions;[1] "a means of bridging the gap between ambition and accomplishment";[2] "a necessity for seeking relief from the stresses of life";[14] and as a crutch to help unstable and marginally-adjusting individuals get through life.[15] This vagueness in identifying the adjustive mechanism involved has resulted in the creation of a classification of drug addicts,[13] which like all purely descriptive and statistical nosologic systems merely dignifies lack of understanding by providing it with a name and a place in an arbitrary scheme. This classification will be discussed more completely in the following; in the meantime, it is sufficient to recognize two main trends in the psychopathological hypotheses mentioned. One hypothesis conceives of morphine addiction as a means of procuring relief from either inner tensions or external stresses; the other, without identifying the basic personality defect, views it as a means of obtaining pleasure, or helping an unstable marginal individual get through the vicissitudes of life. The first theory then conceives of the drug addict as an anxiety-ridden character; and the second, although non-specific and hiding behind the vagueness of "psychopathic diathesis," is more in accord with the writer's psychopathological thesis.

On purely theoretical grounds, the anxiety hypothesis does not sound very promising. An individual with deep anxiety (as opposed to superficial, situational or transient anxiety) reacts to frustrations by a feeling of unworthiness and inadequacy; by a loss of self-confidence and a lowering of self-esteem. He feels insecure and inadequate to cope with any new situation; and, hence, will both over-react to any threat to the security of the status quo, and will attempt to negate the element of newness by intensive and unnecessary advance preparation. Initial defeat has a disastrous effect on his performance ability. His feeling of inadequacy makes him underestimate his successes and exaggerate his failures. Three factors are essential in the perpetuation of an anxiety neurosis: (1) a crucial, dramatic experience of reaction to inadequacy, (2) the presence of compensatory exalted ego-demands, associated with (3) a diminution of emotional identification with others. All

three conditions can be fulfilled, for example, when a child feels rejected by his parents. The resulting feeling of unworthiness is followed by a gradual weakening of the emotional bond to the parents; and the insecure child, left without emotional anchorage, turns inward, so that a compensatory overvaluation of the ego-demands develops. Structured in terms of these exaggerated needs, life must inevitably become little more than one frustration after another; and even if some objective measure of success is achieved, its effect is largely mitigated, since the underlying lack of self-esteem precludes much subjective experience of success.

From the foregoing description, it is evident that there is a world of difference between the personality structure of the inadequate psychopath and that of the anxiety neurotic. The former, as has been stated, lacks emotional identification with adult ego-demands; demonstrates no persistent striving in the face of obstacles; and by virtue of a well-developed capacity for rationalization, develops no feelings of inadequacy, and maintains an unwarranted sanguinary estimate of his ability to handle new situations. Thus, unlike its effects on the inadequate psychopath, drug addiction cannot possibly represent a satisfactory solution of the problems of anxiety neurosis, since the incessant striving for real ego-aggrandizing accomplishment easily breaks through the primitive type of satisfaction offered by the opiates. The anxiety neurotic is soon straining at the bit again to pursue the elusive career of ego-aggrandizement, despite its inevitable association with constant frustration. Furthermore, his overdeveloped self-critical faculty proves more resistant than the psychopath's to that component of the euphorogenous effect of morphine which depends on the depression of this faculty.

Combinations of these two types of personality disorders do occur, although one or the other is naturally predominant. There are inadequate psychopaths with poor rationalizing capacity, who, therefore, have some insight into, and feelings of, inadequacy. Morphine addiction naturally has some adjustive value for this group. Similarly, there are cases of superficial anxiety, with less exaggerated ego-demands than those of the ordinary anxiety neurotic, and greater capacity for rationalization; and, to some extent, opiates also have adjustive properties in these cases by virtue of

their sedative qualities, which reduce the physiological expressions of anxiety, and their euphorogenous properties, which depress the self-critical faculty, thus enhancing subjective appreciation of success.

IV. *Experimental and Clinical Evidence*

Evidence from animal experimentation is available in support of the foregoing opinions of the psychopathology involved. "In normal animals, morphine disintegrates complex behavioral adaptations into more primitive goal-directed patterns. Similarly in animals made neurotic by a motivational conflict, morphine produces temporary abolition of complex phobic, compulsive, and anxiety-ridden behavior . . . by disintegrating neurotic behavior patterns, and so permitting previously inhibited goal-directed responses to reappear."[16] This, however, has only been true in relatively *mild* cases of animal neuroses, rather similar to the situational anxiety occurring in human beings, and not in severe forms of experimental neuroses comparable to *deep* anxiety in man. Masserman[16] suggests the same explanation for the similar effects of alcohol and electric shock on neurotic animals. Clinical evidence from "a statistical analysis . . . of the clinical records of 1036 patients admitted for the treatment of narcotic drug addiction to the United States Public Health Service Hospital, Lexington, Kentucky"[10] consists of the following facts: 54.5 per cent of the group studied were identified as showing "psychopathic diathesis," the category that can be most closely correlated with the inadequate psychopath described above, whereas only 6.3 per cent were classified as psychoneurotic. The former tended to show an apparently normal childhood adjustment, a marginal economic adjustment before addiction, an unacceptable social adjustment afterward, and an unstable, marital history: He lived in a deteriorated urban section, "was tolerant towards all forms of vice, occasionally indulging in all forms," and gave no history of military service or of voluntary attempts at cure. The latter, on the other hand, was, as a child, considered a "studious, shut-in, good boy type"; had a college education, a professional or semi-professional type of occupation, a good marital adjustment, and an acceptable social adjustment despite addiction; gave a history of military service, of several voluntary attempts at cure, and of relapses to drug addiction

because of environmental stress and worry. The former was easily accepted by his fellow-patients, while the latter was socially unpopular in the institution. These clinical and anamnestic facts show in vivid contrast the difference in motivational level, type of goals sought after, and degree of interpersonal identification characteristic of each group.

Andrews[17] also makes the interesting observation that the alpha rhythm in the EEG's of addicts (in contrast to that of normal persons which can be abolished by emotional tensions and anxiety) shows no appreciable difference between the addiction and withdrawal periods. It might, therefore, be concluded that morphine addiction does not have much effect in eliminating pre-existing anxiety, since otherwise one might expect a resurgence of the supposedly drug-inhibited anxiety during the withdrawal phase.

V. *Classification of Drug Addicts*

The classification most widely accepted today is that devised by Laurence Kolb[13] and elaborated by his associates at the United States Public Health Service Hospital in Lexington, Kentucky.[5, 15, 18] Six groups are delineated: (a) "*Normal Individuals Accidentally Addicted*—persons of normal nervous constitution accidentally addicted through medication in the course of illness."[19] These are persons who find it difficult to overcome physical dependence and use only the minimum dose necessary to forestall abstinence signs. Although small in number, these individuals do exist. But not much is gained by including this group in a classification of drug addicts, since "addiction" based only on physical dependence and without psychic motivation is a contradiction in terms. (b) "*Psychoneurosis*"—chiefly anxiety states. As already noted, the present writer does not recognize that deep anxiety is compatible with drug addiction, and hence would substitute two essentially normal personality groups for this category. In both, the anxiety (or depression) is situational—simple adult maladjustment, and reactive depression. To these groups may be added one of persons with mild anxiety states. (c) "*Psychopathic Personality Without Psychosis.*" Although not specifically stated, only the aggressive antisocial psychopath is meant to be included under this designation. Here there is a history of delinquency from childhood on, and always a pre-addiction, antisocial record.

Drug addiction has no specific adjustive value for this type, and is only one minor symptomatic outlet for the expression of the anti-social aggression, hostility and resentment that characterizes this disorder of personality. The aggressive psychopath feels that through drug addiction he is getting one more unearned, socially-disapproved and forbidden extra thrill out of life, and is thereby "getting even" with society. Kolb concludes that "addiction is only an incident in their delinquent careers, and the crimes they commit are not precipitated by the drugs they take"; on the contrary, since opiates actually "inhibit aggressive impulses, they make psychopaths less likely to commit crimes of violence."[20] (d) "*Inebriate Personality.*" This group becomes addicted to morphine as a result of seeking "relief from alcoholic hangovers and then prefer it alone."[5] In the writer's opinion, there is no justification for this group, since except for the common mode of introduction to the drug, the individuals comprising it have nothing in common, and may be distributed among the other personality disturbances in this classification, of which the alcoholism in each case is but a symptom of the underlying disorder. (e) "*Drug Addiction Associated with Psychosis.*" Such cases are very rare, since chronic psychoses do not develop in consequence of drug addiction. Psychosis due to idiosyncracy to the drug is a medical rarity. Transitory acute psychoses may occur *de novo* during withdrawal, or be superimposed on the chronic psychoses of psychotic addicts. In the former case, the withdrawal of other drugs associated with the morphine addiction such as atropine, hyoscine, alcohol, or barbiturates, is probably of greater significance than the withdrawal of morphine.[21] (f) "*Psychopathic Diathesis*—individuals who show psychopathic dispositions or tendencies characterized by behavior resulting from misinterpretations of environmental settings or situations, but not a well crystallized personality defect."[19] The vagueness underlying the mechanism of drug addiction in this group may be gathered from the following quotations from authors using this classification: "These patients are maladjusted individuals who do not fit into other classifications; the basic mechanisms underlying their behavior may be neurotic . . . but not enough to give rise to specific symptoms which can be termed psychoneurotic; . . . in practice many of these are included in the psychopathic group."[5] "Their fundamental defect is an ill-defined

emotional instability which finds expression in a search for new thrills, excitement and pleasure"[18] (hedonism). "Because of an ill-defined instability of personality, only a border-line adjustment is made . . . and with some artificial assistance, they can make an acceptable adjustment."[15] Instead of this group, the writer would like to substitute "the inadequate psychopath." In contrast to the aggressive psychopath, members of this group make "an acceptable social adjustment prior to addiction, and after addiction usually confine their social transgressions to violations of drug laws."[18]

Thus, in general criticism of this classification, it might be stated that it is vague; contains considerable unnecessary overlapping; does not identify the psychodynamic mechanism in each group or differentiate it clearly from that in other groups; and, finally, that it draws no distinction between "*primary* addiction" based on the adjustive value of the drug for a particular personality disorder, and "secondary *symptomatic* addiction," wherein the drug has no particular adjustive value but is only of secondary symptomatic significance.

The following classification is, therefore, offered: (a) *Primary Addiction,* including (1) the inadequate psychopath predominantly; and to a lesser extent certain cases of (2) reactive depression, (3) simple adult maladjustment with anxiety; and (4) superficial anxiety states; and (b) *Symptomatic Addiction,* including certain types of (1) aggressive antisocial psychopaths, and (2) primary narcissistic personalities in whom drug addiction, like homosexuality, is only of symptomatic interest. The hedonistic trend in the last-named group is simply part of a general solipsistic, self-adulatory pattern of behavior resulting from an early arrest in emotional maturation.

Therapy

I. *General Consideration*

A. *Prognosis*

Although the physician, charged with the treatment of drug addicts, must constantly endeavor to improve the quality and effectiveness of his therapeutic methods, it would be both unrealistic and unfair to attribute the major portion of the blame for present

poor prognosis to therapeutic inadequacies. The main factors responsible for the uniformly poor prognosis are those already mentioned as contributing toward the relapse of the treated addict: the predisposing personality; the memory of the very efficient adjustive value of the drug; the perseverative, non-adaptive, pain-relieving motivational value of morphine; and "the habit of relieving distress or restlessness" and securing immediate pleasure by means of narcotics. A follow-up study of 4,766 addicts released from the United States Public Health Service Hospital at Lexington, Ky., where the best form of treatment available today is given, showed that "excluding the dead and unknown, 74.7 per cent have relapsed to the use of drugs, and 13.5 per cent are still abstinent."[22]

B. *Legal Aspects*

The chief social anachronism retarding the treatment of drug addiction today is its legal status as a criminal offense despite official recognition of the personality disturbances that underlie it. This is more than a matter of academic importance. In consequence of such legal provision, gross inequalities in the status of the various types of addicts have resulted; the drug addiction hospital has acquired an unmistakable prison atmosphere; and the rehabilitation of the treated drug addict is impeded by the social stigma attached to "ex-convicts." For the same "crime" of using drugs, a patient may be voluntarily admitted to a federal hospital (to be discharged on request whether or not he has completed treatment); receive a probationary sentence usually requiring six months treatment at the hospital; or receive an actual sentence ranging from one to five years.[10] If any offense is to be considered a crime, it is certainly a mockery of justice to base penal punishment solely on the criterion of whether the individual involved has voluntarily confessed his guilt, or has been apprehended by officers of the law.

C. *Compulsion*

Although it is universally agreed that compulsion is a necessary element in the treatment of drug addiction (since the drug addict cannot be trusted either to initiate or to complete treatment on his own as long as he is free to search the market for drugs), this as-

pect of therapy has unfortunately been tied up with the question of criminality. At the present time only prisoner and probationer patients, under sentence and probated sentence respectively, can be compelled to complete treatment. Among other reasons (such as lack of psychiatric and social rehabilitative measures, and the need for placating a well-paying patient), this is the chief cause for the failure of private institutions in the treatment of drug addiction. Related to the problem of compulsion, is the matter of strict control to insure that no narcotics enter the hospital for illicit purposes. Both factors, compulsion and control, could be effectively exercised for all addicts, including "voluntaries" (without making drug addiction a crime) by bringing drug addiction hospitals under laws similar to those which govern the commitment of the mentally ill to state hospitals.

The distinction between voluntary and prisoner patients, therefore, is entirely unnecessary because it rests on a legal anachronism; because compulsion is necessary in the treatment of all drug addicts; and because the "voluntary" status is too frequently exploited by insincere addicts who fear imminent arrest, or run out of money and drugs, and thus enter the hospital just long enough to get treated for their physical dependence, so that on release they can start anew, obtaining their euphoria with smaller doses.

II. *Elements of Therapy*

A. *Treatment of Physical Dependence*

As already stated, this vastly over-emphasized aspect of drug addiction is the easiest component of the phenomenon to treat. It is a "self-limited condition that quickly disappears regardless of and in spite of what treatment is given to cure it."[12] A vast amount of ingenuity has been expended in devising treatments based on theories of the pharmacology of physical dependence. These various treatments (belladonna, hyoscine, insulin, pilocarpine, strychnine, sodium thiocyanate, narcosan, lecithin, autogenous serum, rossium, etc.) have been adequately reviewed by Kolb[12] and found to be not only worthless, but in some cases harmful.[19] The only indispensable drug in the treatment of physical dependence is morphine itself.

The rapidity of withdrawal and the dose of morphine used depends upon the dose habitually taken by the addict. This is best

determined by Kolb and Himmelsbach's method of quantitative evaluation of the patients' objective abstinence signs several hours following withdrawal of the drug,[12] since addicts are all too prone to exaggerate when stating their average dose, or detailing their subjective complaints in the hope of receiving a larger than necessary quantity of the drug. "Patients with mild habits respond very well to abrupt withdrawal together with a few small doses of codeine and supportive measures."[12] Patients with stronger habituation are withdrawn progressively over a 10-day period after preliminary stabilization with a somewhat larger dose to allay the addict's apprehension that he might be treated by the old-fashioned "cold turkey" treatment. This method of abrupt withdrawal practised in prisons is "cruel, dangerous and unnecessary" in strongly habituated addicts. Valuable supportive measures are warm baths, phenobarbital and bromides to allay restlessness and insomnia; nicotinic acid and thiamine chloride where avitaminosis is suspected; glucose infusions in saline in the event of serious dehydration; and bismuth salts to combat diarrhea. Care must be exercised to withdraw other sedatives and hypnotics soon after the acute phase of withdrawal, or else one form of addiction is merely replaced by another.

More important than the supportive measures, however, is the necessity for firmness tempered with kindness on the part of the physician. It is a truism that a physician can help no man who literally "hates his guts." Yet, despite the need for the establishment of rapport and positive transference, the physician only too frequently, even in the best institutions, openly displays a cynical moralistic, and hostile attitude toward the addict; he is indifferent to the latter's genuine complaints, assumes in advance that he is a liar, and maintains that it is a waste of effort and money to attempt a cure. Such an attitude must be deplored as not only harmful to the spirit and goals of psychiatry, but also as contributing toward the resentment and lack of personality reintegration that helps pave the way for relapse. In the case of the voluntary patient, it leads to his requesting immediate discharge.

B. *Psychotherapy*

As already stated, the most important element in psychotherapy is the establishment of rapport and positive transference between

patient and physician, especially in the crucial stage of withdrawal. This is not too difficult, because of the passive-dependent traits characterizing the inadequate psychopath. In more intelligent addicts with better prognoses, further time can be spent in breaking down a patient's rationalizations for using drugs, and in providing him with an opportunity to gain insight into the adjustive value of the drug for his particular personality disorder. This must be combined with sympathetic assurance and persuasion that drug addiction can be cured. Because of the addict's versatile capacity for rationalization, his resistance to gaining insight into the real causes of his addiction, and his peculiar group loyalty, group psychotherapy sessions are not very effective and are usually transformed into group rationalization sessions. As Masserman[16] emphasizes, "group therapy" is effective only if "directed fundamentally toward the individual motivations, defenses and adaptations of the patient," and this cannot be done very well in a group of drug addicts. More important, is the possible beneficial influence of an optimistic and inspirational group milieu. This involves the segregation of patients on the basis of attitude and prognosis, so that patients with an optimistic outlook and hopeful prognosis are not adversely influenced by the cynicism and incorrigible attitude of hardened addicts who do not desire a cure. In practice, however, more attention is often paid to legal and custodial status as a basis for segregation.

C. *Rehabilitative Measures*

As already explained, the legal anachronism making drug addiction a crime is responsible (despite the best intentions to the contrary)[19] for converting the drug addiction hospital into a prison. This fact not only subtly influences the attitudes of physicians and attendants toward the patients, but also focuses undue attention on the security and custodial aspects of treatment. It is self-evident that as soon as a hospital starts to become a prison it ceases to remain a hospital, and hence forfeits many of its therapeutic possibilities.

Time in itself is an important therapeutic principle in drug addiction.[19] Addicts require sufficient time in which to establish new habits of work, recreation and orderly living before it can be expected that these can take root and compete successfully with the

known adjustive value of drug addiction. Therefore, the importance of a regulated and well-ordered daily regimen combining pleasant and satisfying work with opportunities for participation in hobbies, athletics, music, educational pursuits, etc., cannot be exaggerated. Although the importance of this aspect of treatment is recognized in theory, the actual facilities and mode of approach are often inadequate, because of deficiencies in appropriations or personnel. Vocational assignments should be made by the medical staff and not by the custodial force; and should not be primarily directed toward fulfilling the labor and maintenance needs of the hospital, but toward fulfilling a therapeutic and rehabilitative purpose based on the aptitudes, interests, previous training and future plans of the addict. This becomes all the more important when it is realized that the improvement of a marginal vocational adjustment might, in some cases, be the determining factor in providing sufficient normal satisfactions for a drug addict so that he no longer finds it necessary to seek the hedonistic virtues of morphine. It should also never be forgotten that a reciprocal relationship holds between work and motivation. We are all familiar with the observation that insufficient motivation results in a poor quality of work. But it is no less true that motivations originally absent can be developed as a result of "doing." Pertinent evidence for this belief is to be found in the delayed maturation of certain inadequate psychopaths who suddenly, in middle life, make satisfactory vocational adjustments, and in the cases of certain addicts who make exceptionally good institutional adjustments.

D. *Social Follow-Up Measures*

The social follow-up aspect of therapy is again unfavorably influenced by the recognition of drug addiction as a crime rather than as a disease. Not only is the released drug addict handicapped by the social stigma of being an ex-convict, but he also does not receive the badly-needed social work, psychiatric and vocational guidance, normally given to every patient discharged from a state hospital for the mentally ill. Instead, like other ex-prisoners, he comes under the jurisdiction of federal probation officers who are more interested in the formal legality of their charges' pursuits than in their social rehabilitation. Thus, there is some truth in the addict's contention that he is forced to relapse to the use of

drugs because of various forms of vocational and social discrimination—as proved by the good work records obtained by certain addicts (without the use of drugs) during the war emergency when the need for manpower abolished many discriminatory practices. Also, follow-up records[22] indicate that the discharged patient with the best prospects for permanent cure is one who "would have a home, employment and the supervision of not only his probation officer but also a parole advisor."[22]

Ultimate Social Morality

The socially-pernicious effects of drug addiction and society's right to legislate against it deserve consideration, if only to prepare the physician with answers to the clever arguments advanced by addicts for the legalization of the habit.

The addict maintains that an individual's vices are his own concern as long as society is not thereby injured. He insists that he has as much right to the enjoyment of his opium as other people have to derive pleasure from whiskey or cigarettes. Furthermore, he claims that the drug addict is a cleaner, less obnoxious, and more law-abiding citizen than the alcoholic; that he can work more effectively with drugs, while an alcoholic is incapable of performing efficient or reliable work. He asserts that if there were no law against drug addiction, and he could obtain the drug legally and at cost, he would not have to become a petty criminal in order to support his exorbitantly-expensive habit; or spend so much of his time looking for his drug supply that he cannot find time to hold down a job. He proudly points to the hypothetical existence of a group of brilliant men who are addicts (unbeknown to society) and maintain themselves on small daily doses. Finally, he claims that the Harrison Narcotic Act ("the most diabolical bit of legislation ever conceived by mind of man") has created more addicts than any other single factor.

To begin with, society does have a right to legislate against drug addiction "because easy availability would lead to . . . use by thousands or perhaps hundreds of thousands of neurotic, psychopathic or otherwise inadequate people of whom there are plenty in society."[5] In times of social demoralization, the habit, because of its efficient adjustive value, would be acquired by a large segment of the population; and as shown by historical experience in China

and Egypt, would be a major contributing factor toward perpetuating poverty, ignorance, and lack of social and economic progress. The recent efforts of the Japanese in furthering the dissemination of the opium habit in China, bear witness to its potency as a weapon of mass demoralization. Although the writer holds no brief for the intemperate use of alcohol, it must be admitted that alcohol, because of its limited tolerance and euphorogenous effects, as well as because of the absence of true physical dependence associated with its use, is a much less dangerous drug than the opiates.

It is also not true that drug-satiated addicts have any desire for socially productive labor. It is well known that a typical addict will use as high a dose of the drug as he can obtain and afford. The brilliant surgeon and philosopher addict who limits himself to a small dose to "steady his nerves" or "sharpen his mental faculties" is mostly a myth. When an addict is using as much drug as he wants, he is characteristically lethargic, disinterested in his surroundings, slovenly, idle, and neglectful of responsibilities and other interests (food, sex, companionship, recreation, etc.) The so-called push which he ascribes to the drug is evident only when he becomes concerned about the source of his next dose. This is not at all surprising when we consider that if the "goal of personal satisfaction" normally achieved by "activity determined by drives which have social value, such as security, prestige, family attachments, financial independence, etc. . . . can be acquired through the simple expedient of injecting morphine, these activities are rendered superfluous, and the addict becomes a useless burden on his family and society in general."[5] The addict's statement that he can work more efficiently with drugs is an illusion based on the euphoria he experiences with drug usage, and the discomfort he experiences during withdrawal. On the contrary, objective tests have demonstrated slowing in the speed of tapping, learning, and verbal and motor reaction-time.[23]

Despite the addict's statement to the contrary, law enforcement *has* reduced the rate of drug addiction. The illegality of drug addiction has incentive value *per se* only to the aggressive antisocial psychopath. The suggestion advanced by certain persons that the habit be legalized, for present known addicts only, is unsatisfactory, because it would provide legal and moral sanction for the habit and thus encourage its spread.

Mental Hygiene Implications

I. *Treatment of Drug Addiction*

As already noted, the establishment in 1935 of a federal hospital for the treatment of drug addiction represented a considerable triumph for the mental hygiene movement. It meant that drug addicts were to be treated as mentally ill patients rather than as "persons to be punished by incarceration in prisons. The hospital grew out of the realization that such treatment often defeated rather than furthered rehabilitation."[19] Unfortunately, however, it was decided to continue the legal status of drug addiction as a crime in order to "retain control of addict violators so that they could be given adequate treatment while in restraint."[19] The theoretical untenability of this position, its status as a social and legal anachronism, as well as its superfluity in realizing the stated aims, has already been discussed. In addition, it has been pointed out that this position is for practical purposes defeating the changed social attitude toward addicts by subtly reconverting the hospital into a prison, the patient into a prisoner, and the discharged patient into an ex-convict. Despite the generally unfavorable prognosis, "many of the apparently hopeless cases are so only because of inadequate treatment, improper management under treatment, or the unfavorable environment to which they are eventually returned."[19] Proper treatment of the drug addict can only take place under hospital conditions wherein legal restraint is provided by a court order commitment as in the case of the mentally ill. Some form of colony system might be preferable to hospital treatment in apparently incorrigible cases.

II. *Prophylaxis of Drug Addiction*

Because of the poor prognosis inherent in the treatment of drug addiction, and because of the relatively small number of existing addicts (30,000*), prevention of addiction is a more important matter than treatment. The paucity of morphine addicts today is not in any way due to a lack of potential candidates, but to stringent government regulation governing morphine's sale, distribution, and prescription, and to the relatively few persons knowingly exposed to morphine over long periods. The importance of the con-

*U. S. Government Report, 1939.

trol factor in reducing opium addiction can be seen in the contrasting rise in barbiturate and benzedrine addiction because of lack of adequate safeguards in their distribution. The millions of persons in our country who are addicted to the use of barbiturates, alcohol, benzedrine, bromides, etc., are evidence enough that a veritable army of potential morphine addicts exists, and that government regulation represents the most important factor in its prophylaxis. The physician can co-operate by limiting the use of morphine to its indispensible indications, discontinuing its use at the earliest possible moment, and by refraining from informing the patient that he is receiving the drug.[2]

With respect to the pharmacological approach to the prophylaxis of drug addiction, it has already been postulated that the discovery of a powerful analgesic, which does not have the property of causing physical dependence, would not materially alter the rate of addiction and that the theoretical hope of creating a potent analgesic which is not simultaneously euphorogenous is not very bright.*

Since drug addiction is only one of many possible abnormal reactions to which inadequate psychopaths are pre-disposed, it is necessary, therefore, to consider the mental hygiene of the inadequate personality and its relation to other forms of mental disorder. This will not only have direct applicability to the long-range prophylaxis of drug addiction, but will also shed light on the question of what happens to the potential addict who does not become introduced to drugs.

III. *The Mental Hygiene of the Inadequate Psychopath*

The etiology of the inadequate personality has already been ascribed to a defect in maturation which occurs during the crucial period when there is normally a transference of emotional identification from childhood goals and goal-seeking patterns to their adult counterparts. Why this developmental failure occurs is not

*The quest for such an analgesic that is relatively incapable of producing physical dependence in man has in part been furthered by the discovery of *methadon* (H. Isbell, A. Wikler et al., J. A. M. A., 135:888-894, Dec. 6, 1947). Nevertheless its euphorogenous and hence addictive properties are sufficiently great to warrant its inclusion under the Harrison Narcotic Act. Because it leads to little physical dependence, however, it is more satisfactory than morphine for the treatment of the withdrawal syndrome.

absolutely clear; but, apart from constitutional factors, the following environmental influences related to personality development and child training are probably of etiological significance.

(a) The overprotected, indulged, passive and dependent child (usually a product of maternal errors in upbringing) is naturally poorly prepared to undergo the important transition referred to in the foregoing.

(b) On the other hand, the same result may be brought about in a normally motivated child, pushed beyond his intrinsic motivational level by a rigid, ambitious, authoritarian type of parent. Under these circumstances, the more plastic and obedient child who does not dare rebel openly, conforms externally to the ambitious plans prepared for him; but, far from identifying himself emotionally with them, inwardly disowns them as a means of expressing his resentment. At every turn, he sabotages the parentally-inspired ambitions until he achieves the opposite goal of hedonism. The more rebellious and independent child becomes openly negativistic and reaches his hedonistic goal more directly.

(c) In certain family settings, a normally endowed child, who is easily discouraged, may despair of ever reaching the level attained by his parents and, therefore, capitulates at an early date to the hedonistic way of life. These unfortunate errors in child training can only be corrected by increased education for parenthood, and by setting up more child guidance centers. The latter clinics can increase the motivational level in the child and adolescent by giving him insight into the factors which are undermining it, and by retroactive establishment of motivations as a result of guided occupational and vocational therapy.

IV. *Relation to Other Reaction Types*

The chief mental mechanisms involved in the genesis and behavior of the inadequate psychopath are: (1) Lack of emotional identification with adult goals and ego-demands; (2) compensatory identification with regressive hedonistic goals; (3) rationalization of actual inadequacy by an inhibition of the self-critical faculty; and (4) partial escape from reality by withdrawal into a hedonistically-structured environment.

It should be emphasized that the inadequate personality develops as a result of *retardation* in a normal maturational process and

not as the result of *agensis* (e. g., aggressive, antisocial psychopath) or *arrest* (e. g., primary narcissism) of development. The hedonism is partly regressive and compensatory in nature; in part it represents a persistence of childhood goals (which were once normal enough in their own chronological era) because of a failure in their normal replacement by adult goals. This separates the inadequate personality completely from disorders such as aggressive antisocial psychopathy and primary narcissism, which are evident at a much earlier age because of arrest, rather than retardation, of development. As already mentioned, drug addiction may be a symptomatic expression of both of these latter personality disturbances. In the last-mentioned type, it is sometimes combined with homosexuality.

The disease entity most closely related to inadequate psychopathy is schizophrenia. It is the severance of emotional identification from adult reality goals, and not the so-called "schizoid shut in" type of personality which (in the writer's opinion) is pathognomonic of the pre-schizophrenic type of personality. This factor is evident in almost every case of pre-schizophrenic personality, whereas there are many exceptions to the "rule" that schizophrenics are primarily introverted, especially in the catatonic group of cases. Withdrawal from reality, although admittedly easier in introverted individuals, can also occur in extroverted personalities.

What essentially differentiates schizophrenia from inadequate psychopathy is the fact that in the former reaction, the withdrawal from reality, with its accompanying regressive trends, is relatively complete; while in the latter reaction, the regressive hedonistic behavior remains within the framework of reality (a child's reality). Thus, although the latter's emotional reactions may seem inappropriate when judged by adult standards, they are very appropriate and understandable if one considers them as reactions occurring in a child. In the schizophrenic on the other hand, the emotional reactions are bizarre and inappropriate by any standard. Although exceptions are not infrequent, the extroverted inadequate personality tends to become an inadequate psychopath; while his introverted counterpart is more likely to develop schizophrenia.

The inadequate psychopath who does not discover morphine addiction leads a very unstable, nomadic type of existence character-

ized by a precarious and marginal vocational adjustment, and by frequent unnecessary changes of employment. (The writer by no means wishes to imply, however, that all individuals who do not achieve satisfactory vocational adjustments are inadequate psychopaths, since many other personality disorders, as well as economic and social conditions in themselves, also bring about the same condition.) He is also pre-disposed toward periodic alcoholism, addiction to other drugs, and all thrill-seeking forms of vice. He is able to adjust marginally in an optimal environment, that is, one structured in terms of his hedonistic needs, but in no other.

The inadequate psychopath also differs from the pre-schizophrenic individual by virtue of his greater rationalizing capacity, which makes his inadequacy more tolerable. This tendency is evident only in the paranoid type of schizophrenia. At first glance, the inadequate psychopath might seem pre-disposed toward developing a paranoid reaction because of this capacity for ego-gratification by means of rationalization. But the individual inclined to develop paranoia has a more "rigid and biased type of personality" (as well as "hypertrophied ego-demands") than the psychopath. Hence, his rationalizing efforts are directed toward delusional fulfillment of adult goals (grandiose trends), or toward explaining away their frustration (delusions of persecution), all within a distorted framework of adult reality. The inadequate psychopath is also not very likely to develop a manic-depressive psychosis because he does not over-react emotionally to failure. As already noted, drug addiction in itself does not increase the likelihood of psychosis; in all probability the reverse is true, since its efficacy as an adjustive mechanism for the inadequate psychopath removes any necessity for the development of other drastic forms of abortive adjustment.

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REPORT OF THE RESEARCH PROGRAM OF THE NEW YORK STATE PSYCHIATRIC INSTITUTE FOR 1947*

BY NOLAN D. C. LEWIS, M. D.

In this brief report of the research activities of the New York State Psychiatric Institute, it is not possible to indicate the full credit due to the many individual workers involved in carrying on the investigations which will be mentioned, but it will become obvious as the account proceeds, that the amount of work accomplished and still under way has required the co-operation and employment of minds strongly devoted to the task.

Many projects are continuations of those mentioned in previous years, on which some published progress reports have been made; and several others carried over from last year still remain in the unfinished stages.

This presentation will be begun by outlining some of the most fruitful studies in the basic sciences, omitting many details, all of which will appear in published articles and monographs.

Late in the spring, Dr. Alexander Geiger, head of the department of physiology, Hebrew University of Jerusalem, and his associate, Dr. Jonathan Magnes, arrived in this country and soon thereafter accepted an invitation to carry on investigations at the institute during their stay in the United States. Although their work was of interest and significance to the institute, the type of investigation proposed was of particular value in the field of biochemistry as a whole. These workers, with the aid of the biochemists, devised an ingenious and elaborate procedure for the perfusion of a cat's brain in a living animal whose peripheral circulation is intact. This technique makes possible the investigation of a wide variety of problems, which could not be studied by other procedures. It is manifestly superior to the widely used methods in which slices or homogenates of brain are studied *in vitro*. It is also superior to the "arterio-venous difference" procedure, because in this the collateral circulation is not excluded as in Dr. Geiger's technique, and also because the rate of circulation through the brain cannot be measured accurately in the A-V difference procedure.

*Read before the Bimonthly Conference of the New York State Department of Mental Hygiene at the New York State Psychiatric Institute, December 17, 1947.

The technique requires a large quantity of equipment of various kinds, and it took several months to assemble and set up this material, even though Dr. Geiger brought with him several pieces of specially designed and specially constructed apparatus. Late in the summer experimentation was started and a considerable number of perfusions were carried out. Unfortunately a large number of these met with failure, chiefly because there appears to be some small anatomical difference between the cats available here in the United States and those with which Dr. Geiger and Dr. Magnes had worked in Palestine. This difficulty, however, was overcome; and in later weeks several satisfactory experiments were carried out.

Because of these delays, which, incidentally, had been anticipated, not enough results have been obtained as yet to justify detailed description here. However, the author wishes to indicate the type of problems which are being studied. In collaboration with Dr. Heinrich B. Waelsch in biochemistry, the metabolism of glutamic acid and of glutamine is being investigated in the whole brain. The writer is confident that the results will add much to the information in this important field. Moreover, the finding of hemoconcentration following electric shock therapy in patients is being investigated further with this technique. The experimental set-up permits simultaneous measurements of the changes occurring in the blood passing through the brain as well as in the peripheral circulation. Dr. Geiger is also making some measurements concerning the effect of the pH and of the bicarbonate ion on the rate of brain metabolism. These are examples of the many different problems which can be investigated. The technique is such that measurements on several different variables can be made in the same experiment, e. g., in the last experiment data were obtained bearing on all three of the problems just cited.

In deciding to support this work at the institute, it was realized that it would be futile to go to the trouble and expense of setting up the elaborate apparatus, if it were to be used only during the short period of Dr. Geiger's stay in this country. It was the hope that members of the staff might learn the technique and carry on after Dr. Geiger and Dr. Magnes had left. Dr. Reginald M. Taylor, assistant research psychiatrist, is now learning to do the experiments, and since Dr. Magnes will be here for a considerable

period we are very confident that this important type of investigation will be continued at the institute for a long time in the future. To insure this, it was also necessary to construct duplicates of the various specially designed pieces of apparatus which Dr. Geiger brought with him. Mr. Clodius, our mechanician, has built most of this apparatus and will complete the rest. Without his expert mechanical ability the project would have been quite impossible.

The regular investigative work in biochemistry has been directed, as in the past, toward two main problems; lipid metabolism and glutamic acid metabolism in relation to the nervous system and mental disease. The search for a hydrolytic agent, which would cleave choline from brain lipids, and which could be removed or treated so as not to interfere in the micromethod for choline determination, has been carried on throughout the year. Several substances showed great promise of satisfying these requirements and it required much time to determine that they were not quite good enough. Recently it has been found that half-saturated barium hydroxide appears to work reasonably well, and there are high hopes that the long search for a workable choline method is almost over.

The study of lipids in the blood serum of patients of the institute has been continued throughout the year, and the investigation of the cleavage of phospholipids by brain tissue, completed some time ago, was published in the *Journal of Biological Chemistry*. Dr. Waelsch and Dr. Ehrlich continued their investigation of the higher fatty aldehydes.

Dr. Waelsch and his co-workers have devoted their time mainly to the interesting study of glutamic acid both from the practical and theoretical points of view. On the practical side, 80 children with low intelligence quotients—in the range of 30 to 50—were accepted for an extensive study of the effect of glutamic acid, in collaboration with the board of education of the city of New York. These children were subjected to a thorough psychiatric appraisal and to various psychometric tests, and a large number of them have been receiving glutamic acid or placebos for several months. It is too early as yet to evaluate the results.

Another practical study has been initiated at Letchworth Village in collaboration with Dr. George Jervis. Mentally defective children will receive glutamic acid and metabolic derivatives of this

amino acid in an attempt to determine whether such derivatives have the same effect as glutamic acid itself. It is planned in this investigation to study the important question of whether glutamic acid, administered in protein linkage, has the same effect as glutamic acid fed in the free form.

Another investigation on the borderline between the practical and theoretical has been started. It is planned to study amino acid metabolism, particularly of glutamic acid, in mental defectives of the oligophrenia phenylpyruvica type. In preparation for this study methods for the determination of phenylanaline and its metabolic derivatives were devised and reported before the American Chemical Society in September 1947.

Although the practical effects of glutamic acid administration are doubtless of greatest interest to the practising psychiatrist, the underlying mechanism by which these results are brought about is of primary significance to the biochemist; and this new therapeutic procedure can be applied intelligently only after its mode of action is thoroughly understood. During the year considerable progress has been made toward this goal. Concentrations of glutamic acid and glutamine in the blood serum are being determined in normal, epileptic, and mentally defective subjects. It has been found that after the administration of a single dose of glutamic acid to normal individuals an increased level of this amino acid in the blood is maintained for a considerable time.

The studies of antimetabolites of glutamic acid have been particularly fruitful. These investigations have led to the discovery that the concentration of carbon dioxide appears to have a regulatory function in the utilization of glutamic acid for glutamine formation or for transamination. This finding may be of deep significance, if the results in bacteria are found to be applicable to mammalian tissue. Another finding of probable importance in the understanding of glutamic acid metabolism relates to the enzyme, glutaminase, which liberates glutamic acid from glutamine. It was found that small amounts of glutamic acid in the substrate inhibit this enzyme under certain conditions.

In collaboration with other departments of the institute and of the College of Physicians and Surgeons, Columbia University, a study of nucleic acid in various structures of brains from normal

dren will receive glutamic acid and metabolic derivatives of this

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individuals and mental patients has been started. This study is closely related to the investigation of the effect of malonyl nitrile on mental patients.

In the laboratories of the department of internal medicine studies have been carried out in the fields of metabolism, endocrinology, pharmacology and x-ray techniques.

The recent development of microbiological methods for the quantitative microdetermination of various amino acids has been applied to the study of amino acid metabolism in mental patients. Previous studies have been confined, owing to the lack of suitable methods, essentially to total amino acid in the blood. It is now known that specific amino acids may serve some special functions in physiologic and certain pathologic conditions. Therefore, the importance of knowledge regarding the behavior of various amino acids in different clinical conditions is obvious.

Studies regarding essential and some nonessential amino acids were carried out in a group of mental patients during insulin hypoglycemic shock treatment and also following glucose administration. It was found that there is a marked difference in the behavior of different amino acids under these conditions and also of the same amino acid in different patients. The levels of some of the essential amino acids, especially leucine, lysine and valine were depressed so markedly during insulin hypoglycemic shock treatment as to suggest that they may be serving some very special functions.

A paper regarding these studies by M. M. Harris and R. S. Harris has been published in the *Proceedings of the Society of Experimental Biology and Medicine.* The studies also support the views held by Dr. Harris in a previous publication, regarding the marked effect of insulin hypoglycemia on the level of glutamine in the blood.

On the basis of the foregoing findings, animal experiments are now in progress regarding the effects of the administration of these amino acids, and the investigation will subsequently be extended to a study of the effects in mental patients.

Some claims have been made in the literature that certain types of mental patients show evidence of a disturbance in adrenal cortical function. In order to obtain further information regarding the function of the adrenal cortex in mental patients, quantitative

studies are being carried out regarding the urinary excretion of steroids with special chemical reducing properties. These steroids have been found to be excreted in large amounts in patients with Cushing's syndrome and may therefore be related to the group of corticosterones.

Since certain of the corticosterones are known to increase uric acid metabolism, quantitative determinations of the urinary excretion, both of the total uric acid and the true uric acid, by means of the special enzyme uricase, are being made in correlation with the steroid excretion.

Dr. Harris, Dr. Phillip Polatin and Dr. William A. Horwitz made a study of the effect of the administration of antireticular cytotoxic serum in a small group of patients. Some workers have reported favorable results in mental disorders, from the use of this serum. Serial studies before, during and for a period after treatment were made of the sedimentation rate, white blood and red blood cell changes and of the fragility of the red blood cells. Since the spleen is known to play an important role in the destruction of red blood cells, a special sensitive photo-electric method was worked up for the accurate measurement of the fragility.

No clear-cut changes in the blood were found nor could some of the claims made by other investigators be confirmed in the patients who were studied.

Because of some reports that the administration of the amino acid, glycine, produced an ameliorating effect in patients with agitated depression, the effect of the administration of large doses of glycine in a small group of patients with marked insomnia was investigated. Although some amelioration occurred in a few of the patients, it was felt, that the evidence did not prove conclusively that this was due to the glycine administration. Further studies will be required before any definite conclusions can be drawn.

The principal research project, under the direction of Dr. Nicholas Kopeloff, continues to be the experimental production of epilepsy in monkeys. By the application of alumina cream to one motor cortex it has been possible to study the clinical manifestations consisting of contralateral jacksonian seizures, followed at a later time by generalized convulsions which usually persist for years and may be elicited upon physical stimulation. Extensive electroencephalographic studies have revealed primary and sec-

function of the adrenal cortex in mental patients, quantitative

ondary foci, and it was further possible to establish a significant correlation between the degree of electroencephalographic abnormality and the clinical expressions.

The influence of neurosurgical interference before and after the production of epilepsy in the monkey has been the subject of a special study. We have shown that ablation of the motor cortex opposite the site of application of alumina cream before the onset of any clinical symptoms restricted the seizures to the side of the body contralateral to the primary focus. More recently, in collaboration with Dr. Margaret Kennard, bilateral ablation of Areas No. 6 and the caudate nuclei in an infant monkey followed two years later by the application of alumina cream over Area No. 4 on one side resulted in contralateral jacksonian seizures and subsequently generalized convulsions. Section of the corpus callosum then restricted seizures to the side contralateral to the primary focus. Further studies along these lines are now in progress.

Injection of alumina cream by means of the Horsley-Clarke apparatus into certain discrete areas of the brain, including general subcortical ganglionic areas, is being studied with the collaboration of Drs. Mettler and Whittier of the College of Physicians and Surgeons.

Another major project has been the immunologic approach to the role of organ antibodies in the production of pathologic manifestations in the central nervous system. By means of the Freund adjuvant technic it has been possible to demonstrate antibrain antibodies in the monkey.

Recently wide interest has been focused upon the production of encephalomyelitis in monkeys and other experimental animals because of the clinical and neuropathologic manifestions, and more particularly because of the possibility of throwing more light on the demyelinating diseases.

In the institute's investigations in guinea pigs it has been shown that single subcutaneous injections of emulsions, homologous and heterologous, brain and kidney, containing Freund's adjuvants, as well as similar preparations of alcoholic extracts of brain, induced neurologic disturbances characterized chiefly by paralysis of the hind limbs. Testicle emulsions, while without effect in normal guinea pigs, induced hind leg paralysis in guinea pigs which had previously received injections of heterologous brain. In rabbits

electroencephalographic studies have revealed primary and sec-

hind leg paralysis was induced by repeated injections of adjuvant-emulsions of both rat brain and alcoholic extract of sheep brain in combination with egg-white.

The findings suggest that the neurologic symptoms observed may be the result of a sensitization process involving the central nervous system.

The neuropathological laboratories have continued during the past year with the work on amino acid deficiencies, and new amino acids have been tested. Diets deficient in threonine, phenylalanine, tyrosine and valine have been tested individually and it has been found that as far as the central nervous system was concerned, only valine deficiency resulted in pathologic involvement of the central nervous system. The clinico-pathologic change consisted of nerve-cell degeneration in the form of vacuolization, particularly in the spinal cord. Muscular tissue was also involved. The muscles appeared atrophic and disclosed degenerative changes consisting mainly of loss of transverse striations and a tendency to homogenization and occasionally necrosis.

Because of the biochemical interplay of tyrosine and phenlylalanine, rats were put on a diet deficient in both these essential amino acids. For the first time in medical investigation, it has been possible to determine in rats a neurologic syndrome of motor weakness and ataxia pointing to an involvement of both the central nervous system and the muscular system. Material is now being studied histologically and a report will be published as soon as the neuropathological investigations are completed.

Experimental production of encephalomyelitis following injections of homologous brain emulsions plus adjuvants constitutes a problem in which the department is presently interested. It is one of determining a chronic state of encephalomyelitis of the same type which was reproduced at the institute several years ago in its acute aspect. Monkeys are being injected with very small doses of brain emulsion plus a minimum dose of adjuvants (tubercle bacilli killed by heat). It is hoped to be able to elicit a neurological syndrome of long duration, thus enabling glia proliferation to occur. If successful, another step will have been established in the direction of analogies between human demyelinating diseases and experimentally-induced encephalomyelitis in animals. In addition, experiments are under way in an attempt to establish desensitiza-

previously received injections of heterologous brain. In rabbits

tion which might be produced in monkeys as a result of repeated injections of minimum doses of brain emulsion.

Preparatory work is being done on patients for a study of the best way to administer alcohol intravenously as a form of treatment for some types of mental disorder. The data which are being collected in collaboration with the clinicians seem to point out that presumably the method of phleboclysis might be the one most suited for introducing large amounts of alcohol into the circulation.

Preliminary work is being done also to test a new form of therapy described by Cerletti, discoverer of electric shock therapy. This new therapy consists of intravenous injections of emulsion of animal brains subjected to from 20 to 40 electric shock treatments. According to Cerletti, electric shock produces in all brains a protective substance of active defense which he calls "acroagonines." These acroagonines are responsible in his estimation for the beneficial effect of electric-shocked brain emulsion.

This investigation will be made on various types of mental patients, including schizophrenics, and will be supported by a grant generously contributed for this purpose by the Scottish Rite Committee on Research.

Histologic and histometabolic studies in brain biopsies are being done to detect any interrelationship between various cytologic components of nerve cells, respiratory enzyme systems and phosphatases. The tissue is from patients subjected to therapeutic prefrontal lobotomies.

To turn now to the researches centered more definitely in the immediate clinical fields, one may start with the research activities in medical genetics which received growing attention and outside support during the past year. The unique potentialities of statistically representative samples of psychotic, tuberculous and senescent twin families were attested by a new grant by the Rockefeller Foundation for a three-year-extension of the twin studies on aging and longevity. Further evidence of the promising qualities of the work carried out by Dr. Franz J. Kallmann and his research staff was the invitation of the Royal College of Physicians and the British Ministry of Health to report on his findings in schizophrenic twin pairs at the International Conference of Physicians held in London in September of this year (1947).

The present total number of twin index families available for analysis and follow-up study was increased during the year by about 400 new twin cases to almost 3,700 sets. The senescent group still included over 300 pairs up to the age of 94, in whom both members remained alive and actively co-operated in a series of psychometric tests. In addition, more than 450 families afflicted with tuberculosis were studied without the use of twin index cases, and the analysis of a consecutive series of 492 recorded suicides was completed in relation to the incidence of twins, negroes and only children.

All the preliminary data so far available on senescent twin pairs appeared highly suggestive of the operation of genetic factors in the determination of the human life span. They were prepared for presentation by Dr. Sander at the International Genetic Congress held in Stockholm in the summer of 1948.

In the field of experimental psychiatry follow-up studies of child behavior problems and schizophrenic children are being continued by Drs. Margaret S. Mahler and Bernard L. Pacella. This project is in part supported by the Scottish Rite Masonic Research Fund.

Electronarcosis therapy, a technique similar to that originally used by Frostig et al. and Tietz et al., was instituted at the Psychiatric Institute by Drs. Bernard L. Pacella, William A. Horwitz, and Lothar Kalinowsky. In addition, arrangements have been made to institute the treatment in Manhattan State Hospital and in Brooklyn State Hospital. For this purpose it was necessary to make arrangements with one of the electronic companies to manufacture several electronarcosis units for research purposes and loan them to our state hospitals. It is planned to use different groups of patients in order to determine not only the therapeutic effects of electronarcosis treatment in schizophrenia but also the relative merits of electronarcosis treatment and the conventional electric convulsive treatment for the depressive states.

Work is continuing by Drs. Pacella and Taylor, on the development of a wide range electronic generator and highly stable high power amplifier, which will be capable of producing all types of electrical currents of variable wave forms and frequencies, which can be utilized for all types of electrical stimulation including the variations on conventional electric convulsive, electronarcotic and brief stimulus techniques over a wide range of frequencies. The

specifications and technical details of this circuit are being supervised by Dr. Taylor. It is claimed that a stimulus such as that utilized by Liberson in his brief stimulus technique is superior to the type delivered by the usual shock therapy sets because the Liberson technique results in less post-shock confusion and memory disturbance. However, experimentation will be conducted in this connection and it is also hoped that variable currents will be applied in the study of electronarcosis.

The project to study the effects of photic stimulation of epileptic monkeys and post-shock patients exhibiting slow wave activity in their electroencephalograms has been continued. Photic stimulation by light flashes at various low frequencies, but not controlled by the brain-wave frequencies, has not proved effective in significantly altering the electroencephalographic pattern or the behavior of the individual. Thus the filtering of the brain waves must be made sharper than is possible at present, to control the light flash in response to certain frequency components in the brain waves. Dr. Taylor is working on the further refinement of the electronic circuit to produce sharper filtering action especially at the very low frequencies of 3 to 5 cycles per second.

Dr. James P. Cattell is collaborating in part-time research with this department and is studying the electroencephalographic records in psychiatric patients with a view to correlating the various EEG patterns with the various clinical syndromes or behavior of the patients. Dr. Cattell also is investigating the EEG's of children on the Children's Service in an effort to standardize further the electroencephalograms, both normal and abnormal, at the various age levels of the children and to correlate the types of electroencephalogram with the behavior disorders in the children.

The work on a head piece for applying pressure type electrodes readily to the scalp in electroencephalography is being continued. Many trials and modifications seem to be indicated to eliminate all sorts of electrical artefacts and maintain a steady, constant, electrical contact with the scalp. (Many such pieces of head gear, which have already been devised, are not sufficiently free from such electrical artefacts—which render records taken by them open to question under certain conditions.)

Drs. Pacella and Taylor have been engaged in a preliminary survey of the possibility of using beamed microwaves to produce co-

agulation of nerve tissue through the skull by standardized microwave directors at standardized distances and placements. Such a coagulation of cortical cells or of subcortical pathways would have great possibilities, both as a tool for experimental research as a substitute for the presently employed surgical ablation techniques in animals and—if the technique, proved to be sufficiently controllable as to areas which could be coagulated—it could be used as a substitute for the hazardous surgical procedures in frontal leucotomies in the treatment of certain psychiatric disorders. While very little has been published concerning the biological effects of such ultra-short microwaves this problem has been discussed with research engineers of a leading pioneering company which has recently perfected a device for tissue heating in humans by the use of directed microwaves as a substitute for ultra-short-wave diathermy. There is information that there is a reasonable possibility for the successful development of the microwaves technique in the coagulation of brain tissue as just indicated. This company plans to lend a machine briefly to seek an answer to certain preliminary problems which will give an indication as to the feasibility of further development of such a method.

The department of psychology has continued its active interest in the development and standardization of new psychological procedures which might shed further light on the underlying factors in psychopathological conditions. As an example, it has been observed by many clinical psychologists that the number of movement responses given by mental patients to the Rorschach test varied with the diagnosis. Since the present methods of measuring movement leave much to the subjective judgment of the examiner, Dr. David Levy devised a set of finger painting cards which would clarify the movement response. Ralph Rust administered these cards to neurotic patients, schizophrenic patients, normal children, and a series of brain-operated patients. He was able to show that movement responses occurred less frequently in schizophrenic and neurotic patients than in normal adults. This is in general agreement with the work which had previously been reported by Rorschach workers. Mr. Rust found that there was no significant difference in the movement response in normal children aged eight to 13. The scores which he obtained in this group were not related to age, intelligence, sex or creativity as measured by the kind of

drawings produced by these children. These cards were also used in the study of psychological changes following brain operations in which portions of the frontal lobes had been removed in mental patients. It was found that there was an increase in the number of movement responses given by the brain-operated patients in contrast to the group of patients on whom operations had not been performed.

A new variety of sorting test, making use of words, was devised by Dr. Harold Rashkis. He studied patients at the Psychiatric Institute and at Creedmoor State Hospital, and investigated the process of mental deterioration in senile patients, dementia præcox patients, and paretic patients. He was able to show that the ability to form concepts differed in a qualitative way between these three groups of patients. We feel that his method is an additional tool which the clinical psychologist can use in the study of mental hospital patients.

The department of psychology has been interested for almost 10 years in the change in memory which follows as an immediate symptom after electric shock therapy. In previous reports the findings of this study have been emphasized. During the past year Irving Janis, a fellow of the Social Science Research Council, made an intensive study of the kinds of memories which were disturbed or changed in electric shock therapy and the relations of these memory factors to other indicators of emotionality. He has just completed the work which he is presenting as a thesis for the doctor of philosophy degree at Columbia University. We feel that the findings add materially to our knowledge of the clinical status of such patients. Among other things it was found that some of the memory losses do persist longer than expected. The question of the particular kinds of material that are lost was not completely clarified but evidence was brought to light which should lead to greater knowledge as soon as the problem can be followed up.

A study of the changes in word associations following electric shock therapy was made by Mrs. Jean Zeeman. She studied seven patients with a word association method to learn how the personal memories aroused in this test were changed by electric shock. She used a large number of stimulus words, some of which had been taken from the patient's own history and found that there was a definite decline in the number of emotionally-charged association

responses given after treatment. The results indicated that some of the changes produced were attributable to the treatment and that they were closely associated with the degree of improvement experienced by the patient. Others were not so definitely associated with this improvement. The changes which seemed to go with improvement were increased associative ability and a better overall recognition memory for the original responses. Those effects which did not appear to be specifically related to treatment were a disruption in a qualitative aspect of recognition memory which occurred in both the improved and unimproved cases. It was concluded that although personal memories themselves are not irretrievably lost as a result of the treatment, the threshold for familiarity with these memories seems to be raised. One possible implication of this finding is that reorientation of the patient by psychotherapy is needed during the period in which he experiences this loss in familiarity toward emotionally-charged memories.

The writer wishes to mention some of the work done in the field of clinical psychiatry with particular reference to various therapies.

Nucleic acid (malonylnitrate) was used on a few schizophrenic patients, and it is intended to use it also in a few cases of depression. Swedish scientists have reported that the nucleic acid content of the brain in schizophrenic patients is less than in normals. The Swedish workers injected malonylnitrate intravenously and reported improvement in their cases. Until recently our patients had not responded to this form of treatment; however, investigations continue.

Work on the efficacy of glutamic acid in cases of mental deficiency is being studied. The results of previous investigations confirmed the fact that intellectual functioning in cases of mental deficiency can be raised to some extent. At present, cases of primary mental deficiency are receiving particular attention. The previous work was mainly done on cases of secondary mental deficiency.

In collaboration with the biochemists, intravenous glutamic acid was used on psychotic subjects to see if it has any effect on the psychosis. Up to now, no marked clinical changes have been produced; but research in this line continues.

In a few cases it was observed that glutamic acid altered the patients' responses to barbiturates. Under the influence of glutamic acid, they do not consume as much barbiturate in states of insomnia or anxiety as otherwise. This interesting action of glutamic acid will be extensively investigated because it will open up a new field if further results on a large number of patients confirm these observations.

Experimental abnormal mental states are being produced with different drugs—thephorin and mescaline. The structures of these experimentally produced mental states are studied and compared with spontaneous psychotic states. Furthermore, different therapeutic methods have been used such as sodium amytal, electric shock and psychotherapy, in the experimentally produced abnormal mental states to see if their reactions to therapy are similar or dissimilar to those observed in the spontaneous psychoses. The chemical structure of some of the drugs used for this purpose is known; and if, for instance, electric shock could detoxicate the patient, there might be a clue as to what way metabolism of the nervous system is altered in some abnormal mental states.

In addition to general research in cases of prefrontal lobotomy, there are two special aspects of the problem from a research point of view. Patients who were subjected to prefrontal lobotomy show that, even though the clinical basic manifestations of their conflicts remain, the impact of the conflict is reduced quantitatively. The quantitative aspects of mental symptomatology are studied because we believe that the quantitative manifestation of the clinical symptom is as important as the quality. In this relationship we are also interested in how the patient who was subjected to prefrontal lobotomy perceives pain, sensory changes and emotions. It is most likely that the person who has undergone lobotomy does not perceive anxieties, tensions and compulsions as much as he did before the operation—just as he does not perceive pain with the same intensity as before.

Investigations on the pseudo-psychoneurotic and early forms of schizophrenia continue with the goal in mind the working out of a better diagnostic approach to this problem. Investigations were started on members of families who show different mental symptomatology. We are especially interested in families in which one member has a full-fledged schizophrenia while others show symp-

tomatology which is usually diagnosed as psychoneurosis. If the members of the same family are investigated and treated dynamically, the psychodynamics can be worked out and compared. It is hoped that a better understanding will be gained by this method as to what are the qualitative and quantitative differences in a psychotic versus a neurotic picture.

The neurological and orthopedic effects of vertebral fractures produced by shock therapy have been evaluated. The results follow. (a) Twenty-four patients with vertebral fractures occurring during the course of convulsive therapy were studied about 10 years after the initial lesion. (b) Four patients still complain of occasional mild non-disabling backaches; the rest are symptom-free. (c) In no case is there clinical evidence of orthopedic or neurological sequelae to the original injury. (d) In three cases, x-ray findings indicate an increase in the original pathology involving the thoracic vertebrae. (e) Patients with vertebral fractures tolerate subsequent convulsive therapy satisfactorily. (f) No curare was used in these cases, either in the original or subsequent convulsive therapy.

In the social service department, new developments in practice, training and research highlighted the year 1947. These advances were made possible with the addition of two training supervisors to the state-paid staff, and with the loan of an item for a full-time psychiatric social worker in research.

Student training in psychiatric social work has grown during the past 15 years from a beginning unit of seven students under one supervisor, to a double unit with two supervisors of 14 to 18 students. Until the past year, this program has been carried in close association with the New York School of Social Work which, in 1940, became an affiliate postgraduate professional college of Columbia University. Transference to state auspices of the two positions for supervisors of students, formerly paid and placed in the institute's social service department by the New York School of Social Work, was dated November 1, 1946. This change has permitted widening the scope for student selection.

As a result, an in-service course of instruction and practice training for social workers from the State Department of Mental Hygiene was initiated in January 1947. In October 1947 two students were placed from the Fordham University School for Social Serv-

ice. Placements for the New York School of Social Work students have been consequently reduced by four to give the space and supervisory time to these added affiliations.

To date, six upstate workers have entered the institute as an extension of the social service staff, for periods of three months each, two placed at one time. All six have represented the more experienced of the state's social service personnel. Without exception, all of these state staff workers expressed a professional interest in gaining further experience in psychiatric case work and in study of the principles of case work supervision. Their brief three months placement in the institute's social service department gave rise to problems in selecting their cases and for a plan of instruction in supervision other than that gleaned from their concurrent experience of supervisory procedure. Their program has included observational field trips, arranged with the generous co-operation of social agencies, state hospitals and schools fostering specialized services, and attendance at institute staff and professional meetings in New York. Beginning with the second group, discussional seminars on supervision were conducted during the latter half of their quarter, with the training supervisors and the director of social service. A bibliography of professional literature and closed case records was also provided and discussed with them.

A seventh departmental position loaned to the institute for purposes of research began with the appointment of Mrs. Irma Hewlett to carry an assignment in research in collaboration with Dr. Heinrich Waelsch's project—a study of a cumulative number of retarded school children who are being treated with glutamic acid. Mrs. Hewlett, a graduate of the New York School of Social Work, with child court clinic experience, came to the department from the position of research secretary for the American Society for Research in Psychosomatic Problems. This project endeavors to eliminate all social therapy or suggestion usually given by the social worker. It aims to provide treatment by glutamic acid only, with the worker's interpretation of limitations of the treatment as a cure-all and reassurance as to malignant effects. The study, through elimination procedures, is geared to include only those retarded children who are unconditioned by a recognizable organic illness. They are selected, through medical, psychological and social observations, to represent the child who functions intellectually

below par due to emotional and/or constitutional factors. Children of extremely unco-operative and rejecting mothers are also eliminated.

Other research continues with the departmental staff and students; 16 research projects were completed by students within the year. A study of 15 schizophrenic children is now in process with the assistance of a student from Fordham and one from the New York School of Social Work. Along with a picture of the present adjustment, additional detail is being gathered by these students from the parents on all cases studied, concerning aspects of the child's birth, development, health and emotional adjustment to the age of three years.

In occupational therapy the large quantities of art productions are of special interest. Some progress has been made during the past year in establishing the policy of preserving this material as part of the hospital records. Also a filing system for this mass of work has been instituted. The material has been used frequently at the clinical conferences during the past year, where it has contributed to the understanding of pathological mental processes.

The undergraduate, graduate and postgraduate instruction program has been heavy as usual throughout all divisions of the institute; and, although this activity becomes at times an extra burden to research workers who participate freely in the job of instruction, it constitutes one of the major contributions to the field of psychiatry.

In conclusion, the writer would like to emphasize appreciation for the active spirit of co-operation and collaborative work on the part of all staff members and other employees of the institute without whose combined efforts it is obvious that so many investigations could not be under consideration or eventually brought to full fruition.

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THE REHABILITATION OF SCHIZOPHRENIC CASES IN FAMILY CARE

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The purpose of this paper is to evaluate the function of family care in rehabilitating cases of schizophrenia.

Family care was inaugurated at Hudson River State Hospital in 1935. Elderly patients comprised most of the earlier cases. The caretakers looked upon the procedure as a means of augmenting their family budgets. They were good to the patients and with a few exceptions fed them well but their primary interest continued to be increased revenue in the home. However, it must be stated that some of the homes did not fall into this category.

The hospital's social service department undertook the placement of patients who had been approved. The social workers entered upon a program of instruction and brought about a high standard of efficiency among the caretakers. Placement of patients was not done without due appreciation of their former modes of living and every effort was made to assign patients to homes approximating their previous environments. Gradually, as a result of instruction, and in their own interests, a number of caretakers went out of their way to promote the welfare of their patients.

At first caretakers did not want to lose patients about to go on convalescent care; but when assurance was given that vacancies would be filled, they entered wholeheartedly into the program of rehabilitation. Under this régime, family care became not only a means of getting patients out of the hospital but served as a way station on their return to the community.

A large number of patients placed in family care were wholly or in part non-reimbursing. These patients began by helping with the home routine and, as their interest increased, they began to look outside for means of earning money. Some of the patients would find odd jobs and earn enough to supplement the 50 cents allowed weekly for luxuries. A few earned enough to buy their own clothing, not making enough to be self-supporting, but—through what they put into clothing—effecting a financial saving for the hospital. In the event that their earnings became sufficient for self-support, patients were placed in convalescent care. Still another group, although not placed in convalescent care for vari-

ous reasons, earned enough money to pay the caretakers for their board and rooms and were taken off the list supported by the hospital. Here, again, there was saving for the state.

A final group of patients also represents a saving for the hospital. This group consists of individuals eligible for old age assistance. As soon as it was ascertained that they could adjust outside the hospital, they were placed on convalescent care and old age assistance was procured for them. Following their discharges, some of them continued to live in the family care homes.

This hospital is fortunate in having several homes where patients can be placed for the concrete purpose of rehabilitation. A brief description of some of these homes will further illustrate the procedure.

No. 1. This home accommodates women. It is situated in a small community and was formerly a church rectory. The large frame house, consisting of 15 rooms and two baths, is located on a high hill overlooking the Hudson River and the village. It is comfortably furnished and equipped with all modern conveniences. Employment can be found in private families and the nearby hotel. Mrs. L. is a very understanding person and sets an excellent table.

No. 2. Women are placed here, too. This home is situated in the village proper. It is a large frame house which consists of two living rooms, diningroom, a large spacious kitchen, two baths and seven bedrooms which are airy and well furnished. There are all modern conveniences. The grounds are attractive and well kept. Mrs. S. is strict about the upkeep of her home which is better than the average. Patients must keep themselves immaculate. This is of definite value because the patients make a good appearance and impress their prospective employers when they seek work. Mrs. S. has obtained work for several patients and they have proved satisfactory employees. Now people in the community seek out Mrs. S. for help. In spite of Mrs. S.'s precision about her home, she does not lose sight of the welfare of her patients and of the importance of serving plenty of good food. This home, in particular, is an excellent one for the placement of patients who are able and willing to work. The community does not look with disfavor on having patients in its midst. Several patients have been placed on convalescent care from this home.

No. 3. Men live here. The home, situated in a farming community, is an eight-room frame house with a large yard and garden. It has a living room, diningroom, five bedrooms, kitchen and bath with modern conveniences. It is well kept and furnished in typical farmhouse style. Patients placed here have ample opportunity to obtain employment on nearby farms. The food is excellent and plentiful.

No. 4. This home also accommodates men. It is located in a small community and is a white frame house of seven rooms and bath. There are both vegetable and flower gardens and a large well-kept lawn. The house is comfortably furnished, with all modern conveniences. Mrs. R. is a motherly soul and takes great care of her charges. The patients are fed well.

No. 5. This house was obtained through the efforts of a patient. This man wanted to go on family care so he advertised in the local paper. Mrs. M. answered the advertisement. An investigation showed, however, that the home was best suited for women patients. One woman was placed here and later went back to her family. The owners later acquired a beautiful farm in southern Dutchess County, which has the typical appearance of a country gentleman's place. The beautiful white house is of colonial style and consists of 15 rooms, two baths and a shower. It is set on spacious lawns. It is well furnished in excellent taste. There are many recreational facilities such as swimming and riding. In spite of the fact that it is a pretentious place, it has a genuine home atmosphere.

No. 6. The owners of this large, comfortable home are an elderly couple. It is situated in a small community and consists of a large frame two-story building, divided in two sections, the patients having one side to themselves. There is a large living room, diningroom and bath with all modern conveniences. Male patients live here. They receive very good care and excellent food. The V.'s experience much satisfaction in caring for their patients. Further there is plenty of work in neighborhood homes and on nearby farms.

Since the inauguration of the family care program the hospital has placed 581 patients for a total of 864 placements.

	Number of patients	Number of placements
Men	313	486
Women	268	378
Total	581	864

Of this number, 223 patients, representing 315 placements, were diagnosed as suffering with schizophrenia.

	Number of patients (Schizophrenic)	Number of placements
Men	111	154
Women	112	161
Total	223	315

A total of 36.6 per cent of all patients placed were cases of schizophrenia; and 28.2 per cent of the schizophrenic patients went on to convalescent care.

	Number Placed on Convalescent Care
Men	32 (including 2 escapes)
Women	31 (including 2 escapes)
Total	63

Ten patients were returned, five men and five women. Two men and one woman continued on convalescent care as of January 1, 1948. Fifty patients, 25 men and 25 women, were discharged from convalescent care. These 50 patients comprise the material for this paper. A survey was made of their subsequent course.

Ages	Men	Women	Total
20-25	0	0	0
25-30	1	3	4
30-35	2	0	2
35-40	1	1	2
40-45	5	2	7
45-50	2	5	7
50-55	3	4	7
55-60	3	2	5
Over 60	8	8	16
Total	25	25	50

Duration of Psychosis

	Men	Women	Total
Under 6 mos.	11	7	18
6 mon.-1 yr.	0	0	0
1-2 yrs.	1	3	4
2-5 yrs.	3	7	10
5-10 yrs.	2	4	6
Over 10 yrs.	5	4	9
Unknown	0	0	0
Total	25	25	50

Hospital Residence

	Men	Women	Total
Under 1 yr.	1	1	2
1 yr.	2	3	5
1-5 yrs.	7	6	13
5-10 yrs.	5	2	7
10-15 yrs.	4	6	10
15-20 yrs.	1	5	6
20-25 yrs.	2	1	3
25-30 yrs.	0	1	1
Over 30 yrs.	3	0	3
Total	25	25	50

Diagnosis

Paranoid	13	18	31
Catatonic	5	4	9
Hebephrenic	5	3	8
Simple	1	0	1
Mixed	1	0	1

Conditions at Time of Discharge

Recovered	1	1	2
Much improved	8	12	20
Improved	14	12	26
Unimproved	2	0	2
Total	25	25	50

Three woman and two men received insulin shock treatment prior to going on family care.

Through correspondence and social service investigation, the hospital has been able to gather information on a number of the discharged patients. Two men and two women have been readmitted. One male patient was admitted to another state hospital on a criminal order and discharged to the court officer. The remaining

45 are presumably in the community. We can find no record of their readmissions to Hudson River State Hospital or to other state hospitals.

To illustrate what the family care program has accomplished, a few case histories will be reviewed briefly:

W. B., No. 1-40861. Dementia præcox, paranoid, duration two weeks before admission on July 22, 1902. For nearly 40 years this man had remained in the hospital and was employed in the shoe shop. On January 31, 1941 he was placed in family care and on March 31, 1942 went on convalescent care. Old age assistance was obtained, and he was discharged on March 31, 1943. He has continued to live in his family care home. His present age is 78.

C. B., No. 23815. Dementia præcox, paranoid, duration one month before he was admitted on November 18, 1922. After being in the hospital over 15 years, he was placed in family care June 9, 1937, and on July 28, 1938 went home. He was discharged one year later. His sister reported that he went home from family care and made a good adjustment for three years, up to the time of his death as the result of an accident. He was then aged 56.

G. D., No. 41048. Dementia præcox, paranoid, duration 26 years. This man was admitted July 7, 1944 at the age of 47. He was placed in family care, June 7, 1946 and on the next day escaped. Nothing was heard from him until after his discharge one year later. Indirect word is that he is getting along well and working regularly.

J. P., No. 65479. Dementia præcox, paranoid, one month duration before his admission December 1, 1941 at the age of 51. This man was placed in family care January 26, 1944. A job was found for him at a hospital in Westchester County and he went on convalescent care September 9, 1944. He proved to be an excellent worker. He was discharged as recovered on September 9, 1945.

A. C., No. 35016. Dementia præcox, paranoid, duration three months before he was admitted on January 26, 1937 at 40 years of age. During his hospital residence he received shock therapy. He was placed in family care on May 26, 1944. Two years later, June 26, 1946, he was placed on convalescent care and was employed as an attendant at Hudson River State Hospital. He was discharged June 26, 1947. He continues to be employed at the hospital and is considered a satisfactory attendant.

K. B., No. 17698. Dementia præcox, hebephrenic, duration three days. This woman was admitted on March 3, 1914 at the age of 40. After a hospital residence of 27 years she was placed in family care on October 18, 1940. Her family became interested in taking her home and, on May 18, 1941, she went on convalescent care. Two years later she was discharged. Approximately four years after discharge her daughter writes the following letter: "My mother is fine. She does very little. The reason is I do most everything myself. I let her dust the furniture and help me with the dishes. That is all, as you know she is past 72 so I don't expect her to do anything more. When we go visiting we take her with us because she likes to ride in a car. She gets along very well with my little daughter."

M. C., No. 28809. Dementia præcox, paranoid, duration eight years. This patient was admitted on November 8, 1928 at the age of 32. She was a nurse. Placed in family care, on October 26, 1944, she procured work in a general hospital as charge of a diet kitchen. On February 13, 1947 she went on convalescent care and on December 19, 1947 was discharged. She has continued to work in the hospital and to live in the family care home.

D. G., No. 32257. Dementia præcox, paranoid, duration one year before her admission November 9, 1938 at 38. She was placed in family care March 20, 1941 after three years hospital residence. On January 12, 1942 she went home in convalescent care and was discharged one year later. Five years after discharge, the hospital received this letter from her step-father: "I am glad to report that for the most part her adjustment appears to be quite satisfactory. While she has had employment for a large portion of the time, we have been glad to assist her financially so she has had no cause to worry. She has shown a disposition to be more friendly with members of the family."

E. K., No. 37283. Dementia præcox, catatonic, duration two years. She was admitted April 20, 1940 at the age of 25 years. She renounced her religion and family and wanted nothing to do with them. Following a course of insulin shock therapy, she was placed in family care on January 2, 1942. She improved but not to the extent of recognizing her family. It was thought advisable

to place her on convalescent care which was done on May 5, 1944. E. K. was discharged one year later, and she continued to live in the same home. Through kind understanding and sympathetic handling the patient began to pick up the threads of her pre-psychotic level. She became interested in church, went to mass and welcomed visits from her family. Now she is living in her own home with her family.

Summary

This paper was written to show the importance of the family care program in the rehabilitation of patients. Family care was not used solely as a means of getting patients out of the hospital but as a medium for their return to the community. Several homes, particularly the ones suitable to this program, were described. Figures showing the number placed, the number who went on convalescent care and were later discharged were given. Finally some illustrative case records were cited.

Comment

1. There can be no doubt that the family care program plays a definite role in rehabilitating, not only patients with schizophrenia but with other disorders as well. The evidence at hand points to the fact that the patients who have returned to their homes have made comfortable adjustments and have not been liabilities to their communities or to the state.

2. Family care offers a means of placing patients outside the hospital. Some of these patients, not capable of making adjustments in the community on convalescent care, can get along under supervision from caretakers.

3. There is another economic benefit in that family care relieves overcrowding in the hospital.

4. Family care offers a means of getting out of the institution patients who have no one to supervise them but who are capable of going on convalescent care at a later date.

Hudson River State Hospital
Poughkeepsie, N. Y.

DOROTHEA LYNDE DIX

BY SENTA RYPINS

If you mention Dorothea Lynde Dix nine people out of 10 will say easily—and incorrectly—"Oh yes—advice to the lovelorn." The tenth will strain uncomfortably, but even while rejecting the lovelorn association, is unlikely to recollect who Dorothea Dix was or what she did. That is why Helen Marshall, who wrote a book about her, called it *The Forgotten Samaritan.*

Dorothea Dix deserves to be remembered. In a few hearts her place is secure. Wherever there is a nurses' residence named Dix Hall, or a Mount Dix hospital pavilion, there is a shrine to her.

Miss Dix was a shy, ailing woman who would have been appalled at the idea of becoming a militant fighter, but who was pushed by a New England conscience into a battle which no one else would undertake.

Dorothea Dix once said that she had never been a child. In 1802 when she was born, life in New England was still on the stern and rock-ribbed side. There was little happiness or indulgence in the poverty-stricken home provided by her father, an itinerant preacher married to a woman much older than himself and his social inferior. Dorothea had two younger brothers, and the birth of the second impaired her mother's health. The girl became a small drudge, but there was one thing she hated even more than the endless round of dull and discouraging chores. Her father earned a few extra dollars by selling copies of his most popular sermons, and by writing tracts. To save money, he had them printed on loose sheets and brought them home to be stitched together. The little time Dorothea might have had to herself went into this detested task.

Occasionally she was taken to visit her grandparents. Dr. Elijah Dix was a well-to-do Boston physician. His wife, born Dorothea Lynde, had been a beauty, and evidences of this remained. They had never forgiven their son for his reckless marriage, but were rather fond of his bright little daughter. In their pleasant, well-kept house Dorothea felt at home. After each visit it became more nearly intolerable to return to the squalor of her father's roof. What her grandfather might have done for her, we do not

know. He died when she was only seven. At 12 she felt she could not stand her mother's slatternly habits and her querulous complaints a moment longer. She ran away to Boston.

Madame Dix was a woman given to good works, but very severe and unbending. She was by no means cordial in her welcome to the truant: Parental dignity and discipline must be maintained. But Dorothea made a passionate plea. She wanted to go to school. The grandmother could see reason in that; and after all, her opinion of the child's mother inclined her to feel that Dorothea would have better opportunities under her own care. She yielded and Dorothea remained. In addition to lessons, she learned the in's and out's of domesticity according to her grandmother's system. It was not an easy life, but she preferred it to the one she had left.

At 14 she lengthened her skirts, put up her hair and said she wanted to teach school herself. It was preposterous, of course, but she was able to get pupils. Presumably the principal doubt was whether one so young could maintain order. She was so afraid of seeming too "soft" that she went too far the other way, and her classes learned their three R's in fear and trembling. A naughty child was forced to wear a placard with the shameful inscription: "A Very Bad Girl Indeed."

During this time Dorothea fell in love with Edward Dillingham Bangs, who was 14 years older than herself, and a distant cousin. They corresponded for years. He must have been attracted to her for, in spite of her New England chilliness, she was good-looking with blue eyes and ropes of dark hair. In those days the difference in their ages might not have seemed so great as it does to us today. Whatever the case, when she was 22, he married someone else. Fifteen years later he died. She appears never to have cared for any other man.

But in 1816 all this was still in the future. After three seasons of teaching, Dorothea felt she herself needed more education and resumed her studies. At 19 she started another "dame school." She was a frail girl, in a period when ladies deliberately cultivated frailty. Her grandmother urged her to stay home and take care of herself, but Dorothea seems to have had no trouble, despite her delicate health, in teaching all day and running the Dix house as well.

She was ambitious and as her work succeeded, one enterprise led to another. She tried her hand at writing stories for children, heavily fortified with morals, hymns for children, and a series of informative sketches entitled, "Conversations on Common Things." These had a considerable vogue. She was making a name for herself.

About this time she chanced to hear Dr. Channing preach, and was so impressed that she became a member of his church. This annoyed her grandmother, who worshiped elsewhere, but Dorothea was very independent. She followed her preferences. Channing became one of her most trusted friends and advisers.

There were many things on which Dorothea did not see eye to eye with Madame Dix. When she asked the old lady for permission to open a free school for the poor in the unused Dix carriage house, there was a battle, but in the end she got her way. This was an additional drain on her strength, but for years she carried on her classes, read and wrote, did her household duties and maintained a moderately active social life, being neither sick nor well. In the fall of 1830, Dr. Channing invited her to accompany his family to St. Croix in the Virgin Islands, as governess to his children. This was a pleasant interlude.

The following spring, on returning to Boston, she felt equal to her most ambitious project yet: a day and boarding school. This she conducted for five years, but it took a good deal out of her. In 1836 she had a breakdown. For months she was very ill; possibly she had tuberculosis.

Miss Dix was now 34. Her grandmother was still alive and vigorous at the age of 90, though her father had died when she was 19. The doctors urged her to go abroad—for those who could afford it, this was America's favorite prescription. She had her own money and did not need to ask anyone's permission. The crossing was extremely rough, and she suffered agonies from seasickness, arriving in London more dead than alive. Channing had given her a letter of introduction to his dear friend, William Rathbone, English liberal and philanthropist. He called on Miss Dix at her hotel. Channing's letter had prepared him to like her. Seeing her did the rest. He would not hear of her remaining by herself in such depressing surroundings. Nothing would do but she must repack the boxes she had scarcely opened, and come

with him to his country place, "Greenbanks." Sick, weak, bewildered, Miss Dix let him take full charge. She went to "Greenbanks," intending to stay a few days and remained for 18 months.

As soon as she passed through the door she felt at ease—as she had never been anywhere else on earth. She became everybody's pet. She was really worn out and everyone was determined to coax her back to health. Besides, the house was always full of interesting and distinguished people who accepted her on equal terms. She heard discussions of social and economic questions, and of movements then in their infancy, prison and hospital reform, in which Rathbone was especially interested.

News came from home. Miss Dix's mother had died at the age of 76. The daughter was not in any sense attached to her, and could not pretend a grief she did not feel. A letter telling her that Madame Dix had taken to her bed and longed to see her, was another matter. She was bound by ties of gratitude and affection to her grandmother. But she herself was just beginning to feel well. She was not yet ready to face the prospect of the long return journey across the terrifying ocean. She was having the happiest time she had ever had in her life. It was more than a question whether she would find the dying woman alive even if she set out at once. While she hesitated, word came of her grandmother's death.

In the fall of 1837 Miss Dix returned to Boston. She had to bear the criticism of candid friends who were shocked at her "heartlessness," and she probably reproached herself—all the more because she inherited the Dix estate. The income, about $3,000, was enough in those days to enable her to live as she wished. It was about this time that Edward Bangs died. Dorothea felt sad, lost and lonely. Cold weather was approaching. Her means were ample. She went south, traveled a bit, thinking about her life, the years stretching, empty, ahead of her. They were not to be empty; but she did not know that in mid-channel, with a career behind her, she was on the brink of a new existence.

In 1841 John Nichols, a young man studying at Harvard Divinity School, was assigned to a Sunday class of women convicts in Cambridge jail. He worried over the way to approach such a group. "What can I talk to them about?" he asked his mother. "Why don't you ask Miss Dix?" said she.

He came to Dorothea. "I cannot advise you without seeing them," she told him. "Oh, if you would," he sighed with relief.

Miss Dix went to Cambridge jail. Among the imprisoned women, coarse, hardened, drunken and profane, were some of a different kind. She spoke to the jailer. Yes, he told her, those others did not really belong to this lot: They were "loonies."—Had they done anything wrong?—Why no, they had to be put away, that was all.—But not three miles distant was the new Boston Lunatic Asylum, opened only three years before.—No room for them there.

Miss Dix was perturbed: Were they under medical care?—Oh no; who would be bothered?—Where did they sleep?—The keeper showed her the small, barred rooms.—There was no furniture.—He shrugged.—You couldn't trust them: Either they'd tear everything to pieces, or worse still, they might rush you with a bed-slat or something, or fight each other.—A straw pallet on the floor was all they needed.—But it was midwinter, and the place was freezing!—"Oh, don't let that upset you, miss, everybody knows these loonies can't feel heat or cold. Anyhow, a fire would be dangerous."

Miss Dix tried in vain to reason with the jailer. His beliefs were fixed and unshakable. He was not a bad man, just ignorant; and he had enough to do without wasting time on something he well knew was useless.

Dorothea saw Mr. Nichols again. "About those women in Cambridge jail," she said, "I will take them myself."

She had found a new occupation.

It was not the "fallen women" who concerned her, however; it was the mentally ill. She thought about them day and night. Realizing that her arguments were lost on the jailer, she brought the case before the civil court in East Cambridge. When she told the judge about those helpless creatures, treated worse than thieves and prostitutes, dirty, neglected, untended, chilled to the bone, and innocent of any offense—thrown into jail for no fault, but simply because there was no room for them in the hospital, he was polite enough, but plainly did not believe a word she said.

Miss Dix talked over her problem with Dr. Channing. She interested others—Charles Sumner, Samuel Gridley Howe. Howe wrote

an article for the *Daily Advertiser*. Immediately there was a loud outcry. Prisonkeepers who had deranged persons under their charge attacked Miss Dix. Her stories were a libel—untrue—scandalous. All Dorothea asked was that the judge should satisfy himself as to the facts. Of course they were exactly as she had described them. Orders were given at once to carry out her suggestions for improving the condition of the mentally ill confined in jails.

The first victory was won, but Miss Dix's imagination had been kindled. If such abuses existed around Boston, the Boston of Emerson and Thoreau, what about other places? In all the United States at that time there were only 14 hospitals for the "insane," and these together contained fewer than 3,000 beds. Patients were kept at home (often in attics, cellars and out-houses), or sent to poor-farms and prisons for want of any other places to put them.

Howe was a philanthropist, a public-spirited man already known for his advanced and humane ideas. (His wife, Julia Ward Howe, was to outshine him by writing *The Battle Hymn of the Republic.*) He and the idealistic Sumner (later United States senator), were active members of the Boston Prison Discipline Society. They agreed with Miss Dix that the situation she had uncovered needed looking into; but a really thorough check would require time and money. Miss Dix had both; and she felt she could not use them for a better purpose. Channing encouraged her; and she began, timidly at first, to visit local jails and almshouses.

What she found staggered her. Here in New England, the citadel of decency, the most progressive and cultured community in America, she found men and women, often people formerly accustomed not merely to comforts but to the luxuries of good homes, kept in unbelievable filth and under blind and callous cruelty. The air in their dark, damp, unswept cells was fetid, nauseating, and their appearance not merely such as a prudish age considered unfit for the eyes of a woman—to approximate it today one would have to recall the outrages of the Nazi concentration camps. She must have wondered sometimes how she could go on, but her stubborn will upheld her. She remembered that when she had described in one isolated instance conditions that were passable by comparison with what she now encountered daily, she had been called a liar.

Perhaps the actual maltreatment of the innocent as a group was

no more painful than the absence of regard for the individual, though both originated in parsimony. In the cheerless almshouse at Dedham Miss Dix spoke to a woman only slightly demented, who was shut up in the same room with raving maniacs. There was little doubt that under proper care she could recover, but the overseers were completely indifferent to giving her that chance; to have her transferred to a hospital would cost money; it was more important to save the county two dollars a week than to see her restored. No pleas would move them. There was no authority to compel them to act.

She had long since recovered from any initial squeamishness. She went everywhere and saw everything. At her insistence, unwilling keepers opened their worst dungeons. "You wouldn't want to go in there," they would say. She did not want to, but she went. She wasted no time in angry words. She was sure that if conditions became known, the remedy would be supplied; but she could not risk being accused of inventing sights and sounds and smells that were in actuality so much worse than anything she could say in words. Every detail must be recounted.

She kept exhaustive records; in her memorandum books she reported men and women—these are her own words—"confined in cages, closets, cellars, stalls, pens . . . chained, naked, beaten with rods." Sometimes the "insane" are incontinent. She saw human beings clothed only in their tangled hair, smeared with their own excrement, and eating with their fingers food that was thrown to them with no regard for where it might fall. The answer to her protests was always the same: What does it matter? They don't know the difference; give them clothing and they'll tear it off; clean them up and they'll be the same again in an hour.

Here and there a keeper would listen; not all of them were completely brutalized. Some thought that human beings should be cared for at least as well as were dumb beasts. But they were completely unaware that poor crazed creatures who, under bad conditions, must become incurable, might recover completely under humane treatment. The most frequent assertion was that better accommodations would cost too much; the taxpayers wouldn't stand for it. The keepers were overworked and underpaid; there wasn't much that they personally could do.

Once in 20 times, perhaps, Miss Dix might find a tidy, well-kept almshouse, not overcrowded, usually in charge of an efficient, good-tempered man and his sensible, motherly wife. Here the "insane" would be neatly dressed, properly fed and treated with some degree of kindness and understanding. But these were exceptions.

At the end of a year Miss Dix's notebooks were full: facts, facts, facts. She felt she had enough of them to lay before the public. But this was 1842: It was unthinkable that she should speak in her own voice. The well-bred woman of those days remained in her own home. She did not draw attention to herself, or create public dissensions and disputes. Consequently, it was Samuel Gridley Howe who presented Miss Dix' memorial to the legislature.

Her opening words sounded the keynote of a mission that was to continue for 45 years. "I come to present the strong claim of suffering humanity." If she had been bombastic or accusatory she would have been discounted as hysterical or self-seeking; but such objectivity, such moderation, such terseness, such scrupulous documentation as hers were not to be set aside. Briefly but unforgettably she told what she had seen in county after county. She mentioned names and places, but there was no personal rancor; most of those responsible, she said, "acted not so much through hardness of heart and wilful cruelty as want of skill and knowledge," and with deep understanding she added, "Familiarity with suffering blunts the sensibilities."

The memorial should have been a thunderbolt, but it was more like a delayed action bomb in effect. The shock was paralyzing. Debate was postponed while these incredible revelations were considered. The people of town and country alike refused to believe that such conditions could exist in their own communities. The almshouse and prison authorities protested loudly: They accused Miss Dix of scandal-mongering and of feeding the public appetite for the sensational. In the beginning the Boston *Courier* praised her courage, but as the uproar reached its peak the editors became uneasy. Without waiting for confirmation, they partially recanted; they did not assert that her stories were made up out of whole cloth, but said they might be taken with a grain of salt: Perhaps 50 per cent of what she said might be true.

Charles Sumner came to the rescue. As a statesman and orator, he was one of the best-loved and most deeply revered men in New

England. He now declared unequivocally that everything Miss Dix had said was entirely accurate and that he considered it a duty to uphold her and to refute those who were trying to silence her. Luther Bell, one of the most prominent psychiatrists in the country, and Horace Mann, the educator, added their voices to his. There was a hush.

The Massachusetts legislature passed a bill for the immediate relief of "insane" persons in county institutions and jails, pending the construction of suitable buildings to accommodate 200 patients.

Miss Dix had reason to be proud and happy, but she could not feel that her work was ended. Massachusetts was not the world—it was not even America. She did not rest on her splendid success; it drove her on to fresh achievement. Just across the border lay New York, which had just constructed a state hospital—the first in its history—at Utica. Miss Dix visited this institution, where she made a warm friend of Amariah Brigham, the superintendent. Then she began her rounds of the New York counties. By the end of 1843 she was ready to tell her story to the legislature in Albany. Amariah Brigham attached Miss Dix' memorial to the first annual report of his hospital. Partly from the standing which this gave her, partly from the fame of her exploits at home, it was well received. Instead of being shouted down as a busybody, she was referred to as "that respectable and benevolent female, Miss Dorothea Lynde Dix." Money was voted to double the size of the Utica hospital.

In Rhode Island, Miss Dix was advised to call on Cyrus Butler. He was affluent and not illiberal, but he insisted on being shown, and had a reputation for saying no. His reception of Miss Dix was crusty, but her directness and assurance broke him down. He promised $40,000 for an asylum if others would give a matching sum. The amount was oversubscribed. Butler Hospital stands today, one of the finest of its kind.

On the strength of her growing fame, Miss Dix received an invitation from a group of civic leaders in New Jersey, where the mentally defective and deranged of one kind and another outnumbered the criminals in the state prison. In her presentation to the legislature she said: "I come to ask justice . . . for those who . . . are incapable of pleading their own cause." The New Jersey Lu-

natic Asylum at Trenton was the first asylum to be established solely through her efforts, and was always her favorite institution —her "first-born child." When it was completed the trustees set apart a suite for her personal use. Here she would occasionally spend a period of rest and relaxation; and, here, at the conclusion of her active years, she spent the decline of her life. But when the Trenton institution was founded, she was at the outset of her fight.

In the spring of 1845, Miss Dix campaigned in Pennsylvania. By this time she had established a routine. Late in October she set out for Kentucky. To undertake such a journey required considerable hardiness in itself. A century ago, trains were dirty, slow and uncomfortable, roadbeds rocky, meals irregular. But she was sustained through difficulties and dangers by her mission. In Tennessee, where no provision had ever before been made expressly for care of the "insane," $75,000 was voted in 1847 for a hospital to accommodate 250 patients. First and last, 20 states established or enlarged hospitals because of her revelations. As she covered the ground her reputation sped before her. As her altruism became generally known, personal regard for her increased. She was offered a railroad pass, and after that she rarely had to pay a fare on land or water.

Meanwhile she was feeling her way to an idea which became for the next six years her chief preoccupation. With other leading men and women she believed that the "insane," and especially the "insane" poor, should be the concern of the nation. The government provides highways, homesteads, schools—why should not something be done for the sick and destitute? At that time huge grants of public lands were being made for various good purposes. It seemed to Miss Dix that a small part of this wealth might be devoted to perpetuating the work to which she had consecrated herself.

In 1848, after travelling more than 60,000 miles and visiting almost 10,000 patients, she presented a bill before Congress in which she asked for 10,000,000 acres to be apportioned to the different states for sale, the proceeds to be used for improving the condition of the indigent "insane." It was shelved until 1852 when it passed the Senate but not the House. Friends of the bill redoubled their efforts. Finally in 1854 both the Senate and the House passed it.

Miss Dix was hopeful, and with reason, because Franklin Pierce, who was President, had said he approved of the measure "in principle"; but when it lay before him for signature, he suddenly changed his mind. Another "principle" became paramount; and he vetoed the bill on the grounds that for the federal government to assume responsibility for the poor of the nation would establish a dangerous precedent, and "dry up the fountains of charity in the several states." The words have a familiar ring. Miss Dix was bitterly disappointed, but uncomplaining. There was still work for her to do.

In 1856 she crossed the ocean again. After reporting on conditions in England and Scotland, she made a thorough study of the chief continental countries. Her route included such remote cities as St. Petersburg, Moscow and Constantinople. To her surprise, she found the asylums in these three distant centers superior to many at home. She traveled extensively in the Near East where the Mohammedan hospitals were generally better than those conducted by Christians. She visited Pope Pius IX, who called her a modern Saint Theresa. The number of hospitals founded through her appeals in this country and Europe eventually mounted to 32, besides 15 special schools for the feebleminded and for the training of nurses.

Back in America, the Civil War temporarily checked her chosen work, but not her activity. She offered her services to the President. Her experience and prestige suggested for her the post of superintendent of nurses, and for four terrible years she labored in this new field. Louisa May Alcott served under her, and has left glimpses of her as an administrator, high-lighting her tireless devotion and never-failing kindness. But along with these qualities ran the school teacher's instinct for discipline. A brass hat who ran afoul of her in an argument sputtered, "Who is this Miss Dix?" and was told, "Watch out for her—she has the rank and powers of a major general."

After Appomatox she retired, not to rest, but to resume her interrupted labors. She was well known now, and often rich and influential people asked how they could help her. Three presidents, Polk, Fillmore and Lincoln had become her admiring friends. She

was a guest in many affluent homes, and wherever she went she carried on a one-man clothing drive for her patients. In a beautiful garden she would manage to obtain seeds and cuttings for the grounds of one of her hospitals, or for the bare, neglected yard of some county institution. Her sympathies were broad; they could no more all be concentrated on the needs of a single group than the sun's rays could be gathered under a lamp-shade. The garments, blankets, toys, tools and plants she was forever collecting went not only to insane asylums but to homes for the aged, for orphans and for deaf mutes, to penitentiaries and reform schools. She assembled layettes for unmarried and destitute mothers. Express companies were proud to deliver her packages without charge. Besides such undertakings she handled an enormous amount of administrative detail. While working out plans for legislative appropriations for the "insane" of one state, she might be helping as well to draft a bill for prison reform for another.

Her fragile body served, almost to the end, the purposes of her indomitable will. Only old age slowed her down at last. She retired in 1881 to her beloved hospital in Trenton; and here, in 1887, she died. Dr. Charles N. Nichols of Bloomingdale Hospital called her "the most useful and distinguished woman American has yet produced." Similar words of praise were spoken at the commemorative exercises held for her 100 years after the founding of the institution, on October 27, 1948.

In July 1946 President Truman signed the National Mental Health Act which in effect fulfills the plan in which she met her only important defeat. An appropriation of many millions establishes a national research institute to study the causes and treatment of mental disorder. The program includes an educational and preventive campaign, personnel training, and encouragement of hospitals and clinics through grants-in-aid t othe states. Dorothea Dix could not have wished a better monument.

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THIS TYPEWRITER TO HIRE

Psychology of the "Hack-Writer"

BY EDMUND BERGLER, M. D.

In every literary epoch protests have been made against the low level of "contemporary" literature. The story is age-old and repetitious. Still there is one point of differentiation, characteristic of our times only, between past and present reactions. The book business has become big business. The moment a successful member of the family of best sellers means six figures on the balance sheet, the accent is shifted from literary to commercial values.

Books with popular appeal and magazines for millions must be written by somebody. This multitudinous "somebody" is more often than not the type of person known in literary circles as a hack-writer. The hack is a "typewriter to hire," a handyman with the skill and versatility of a chameleon, who takes orders and is capable, with adequate pseudo-capacity, to write everything after a formula with the exception of real feeling and real meaning.

The tendency can be discerned in literary circles to malign the hack. He is called a literary prostitute, a literary scandal and what not. But moral indignation is no adequate substitute for psychology. And the hack has a psychology of his own—as has the prostitute for that matter. Nobody concedes the hack even that: Moral indignation obscures the psychologic picture.

These are the simple and undeniable facts: The majority of books and of stories in magazines, published in recent decades, have been written by the hack type of "writer." The man who dominates the field of literature today is not the artist but the hack. The hack has conquered the literary commercial field. Pessimists claim that he has conquered literature. This is true only on the condition that one measures literature with a quantitative, not a qualitative, yardstick.

Moral indignation and anger are poor psychological guides. A more intelligent approach is the justified question: Who and what enable the hack to dominate the bulk of printed matter in a specific country?

What are the symptoms and signs of a real writer? Obviously, not everybody who uses ink and paper is a writer. *A blank head,*

a blank sheet of paper, connected by a typewriter, manipulated by shaky or determined fingers, do not automatically constitute the phenomenon—a writer. A distinction has to be made between a *person using the typewriter* and a *writer.*

The distinguishing mark—in my private opinion—between a real writer and a hack is this: A writer is a person who tries—though he is not conscious of it—to solve an *unconscious* conflict through writing. The hack, on the other hand, is an inhibited or not talented scribbler whose inner conflicts cannot find adequate expression in writing. Instead of resigning from the literary field as unfit, his constant inner reproach forces him into the writing field: He has nothing to offer, but he misuses his small capacity unconsciously for the solution of an inner conflict of the nature of a *caricature. He tries to rebuff his inner reproach that he is not a writer at all by cynically proving to himself that "there is nothing to it," with the exception of a specific, purely technical skill which he masters anyway.* The psychology of the hack can be compared to that of a specific type of frigid and neurotic woman who, disappointed in her inability to experience and to inspire tender love, reduces the phenomenon "man" with inner glee to his sexual apparatus: Every man she has slept with is "proof positive" that "real love" does not even exist. Therefore—so runs the "alibi"—she has no reason to feel dissatisfied and guilty. . . .

The hack is a filing cabinet of clichés, a machine of phrases, a juke box which plays its prefabricated records—providing you "feed" the machine a nickel. The difference in the simile is, however, this: The juke box has no guilty feelings that it isn't a master pianist's tool. The hack is—though he disguises it cynically—a person with a hyperabundance of inner guilt, relating to the accusation from his conscience that he is a "non-writer." As defense against this chronic accusation, he produces the "alibi" that writing as an art does not really exist.

Imagine a man accused of rape who defends himself with the statement that neither he, nor anybody else, could have committed rape: The genitals of his whole generation are rudimentary—like the appendix. That's the hack's inner defense. It does not correspond to the facts, however.

The hack is invariably right up to date. His actuality-sense substitutes for his absent literary-sense. Nobody ever heard of a

hack who is "behind" the latest news and whose "stuff" is rejected because of lacking "actuality." If he writes—even the day after Hiroshima—the atom bomb, it is.

A hack is on the constant hunt for "ideas" for his plots, or "new angles" for his cliché-filled history. In contradistinction to the hack, the real writer is haunted by a plot which he *must* write out of inner necessity. He is impervious to "suggestions." If one suggests to a man in the writing profession a theme, and he accepts it, more, even listens with any interest—he's a hack.

This caricature of a writer—the hack—is not understandable without some knowledge of the psychology of the hack's unobtainable ideal and originally aspired-to prototype—the real writer.

The real writer is a person with an *unconscious* conflict. In this, he is not different from a normal, that means not *too* neurotic, confrère, nor from the neurotic who harbors a greater quantity of the same pathogenic material in his unconscious. What distinguishes the writer, is his specific way of solving his inner conflict. He produces a "self-cure"—that is, his productivity. If he is successful, he even gets paid for it, in marked contradistinction to other mortals, who must pay fees for their treatment.

What are the mechanics of the writer's self-cure? Imagine a man, constantly haunted by an inner reproach of his conscience which accuses him of unconscious passivity and femininity. Expressed in an understandable terminology: an inner Mr. Milquetoast. To rebuff that unconscious reproach of the "hell within him," various ways out can be tried. The victim may acquire a neurotic depression following a few sexual fiascos. Or, he may build up a compensatory super-he-man attitude and be a cynical woman-chaser, thus proving to himself his "masculinity." Or, he may withdraw from women entirely, and increase the legion of "over age bachelors" with a pessimistic outlook on life in general, and on marital life specifically.

The writer who, in the present example, suffers from the same conflict and inner tribulation, finds unconsciously a different and rather amazing way out. He will feel compelled to write a novel, depicting the he-man. The hero, created as an *inner defense mechanism,** for the purpose of disproving the accusation of conscience,

*See the writer's: *The Battle of the Conscience.* Washington Institute of Medicine. 1948.

serves the purpose of *appeaser of the conscience.* It is a clinical fact that writers who specialize in aggressive fighters are weaklings themselves.

In a series of papers,* written during the last 14 years, I have tried to prove on the basis of clinical material, gathered in the analyses of 36 writers, that the older analytic assumption to the effect that the writer produces unconscious fantasies in his work is not tenable any more. *The writer produces unconscious defenses against his unconscious wishes.* That inner defense is directed to his inner conscience, with the prayer: "I'm innocent, leave me in peace." Even if the poor writer furnishes his literary "alibi," the peace he gets as recompense from his unconscious conscience is only a temporary respite. The inner conscience continues the attack. The inevitable result is that the "alibi" must be renewed and strengthened. This assures—grotesque as it may sound—the continuation of the writer's productivity.

The strange problem as to why the writer continues to produce is in general disregarded, as one of the many things which are just taken for granted. The clinical fact is on record that there are businessmen who retire with fortunes. There are no writers who do the same thing. Writing must be continued, despite the lack of external necessity. Of course, the writer is not conscious of that fact. He believes that he continues to write because he still has an important message to transmit to the eager world. True it is that even writers who are "through," continue to embarrass their adherents and followers—as long as literary sterility does not end the tragicomic spectacle.

The writer is thus a *chronic "alibi-seeker"* before the high tribunal of his own inner conscience. He fights his inner battle with his inner conscience. And the writer's conscience is the most cruel

*"Talleyrand-Napoleon-Stendhal-Grabbe," Int. Psycho. Verl., 1935. "A Clinical Approach to the Psychoanalysis of Writers," Psychoan. Rev., 31:40, 1944. "On a Five-Layer Structure in Sublimation," Psychoan. Quart., 14:76, 1945. "The Danger Neurotics Dread Most: Loss of the 'Basic Fallacy,'" Psychoan. Rev., 1946. "Psychopathology of Pseudo-Humbugs and Pseudo-Bluffers," PSYCHIAT. QUART. SUPPL., 1, 1946. "Psychoanalysis of Writers and Literary Productivity," in *Psychoanalysis and the Social Sciences*, ed. G. Róheim, Int. Universities Press, 1947. "Further Contributions to the Psychoanalysis of Writers, I and II." Psychoan. Rev., 34:4, 1937 and 35:1, 1938. An elaboration of the whole material will appear in the book, *Writer's Conflicts.* (In preparation.)

which can be imagined. Even successful writers are inwardly deeply depressed people. I have never encountered or heard of a happy writer. Such a phenomenon simply does not exist.

The writer is inwardly prosecuted and persecuted by four apocalyptic bogeymen.

First: He is afraid of his inner wishes. As a remedy, he produces alibis in the form of defense-mechanisms—his work and its contents.

Second: He is apprehensive of his own unconscious fantasies. As a defense, he changes the fantasy—which is unconsciously perceived as infantile peeping—into the opposite, into "showing off" with his work (exhibitionism).

Third: The writer is afraid because his inner conscience accuses him of masochistic attachment and perpetuation of that attachment toward the earliest intrapsychic image of his mother. To counteract that reproach, he denies the mother's existence by creating an "autarchic fantasy": *I* give myself everything (ideas, words).

Fourth: The writer is apprehensive that the outer world will reject his alibi. By letting the spectator share in his own guilt, and asking for recognition and applause, the guilt is diminished. (H. Sachs.)

Let us scrutinize the writer's four bogeymen and his remedies.

Bogeyman No. 1

A writer-patient, described once, in one of his unpublished novels a man who, after breaking off his relationship with a girl, wonders about the reasons. He cannot blame the girl, he just feels suddenly that he is "through" with her. No feeling is left, just a great emptiness, indifference, and the conviction that he must leave the girl. In a flash of insight, the man understands that he is incapable of real love. The next instant, however, he represses this understanding and begins pursuing another woman. The reader is left with the impression that the neurotic hero will endlessly repeat the same pattern of falling in pseudo-love, being disappointed without obvious reasons and so forth.

During the preparation of that novel, my patient found himself faced with the following conflict: His wife, the victim of a chronic incurable malady, had just suffered a relapse. Although he de-

sired to leave her, he found this plan unacceptable under the tragic circumstances. The marital conflict, however, was in no way connected with his wife's relapses, since the family doctor had informed him, before the marriage, on the demand of his wife's correct family, of the girl's illness. The patient showed me the entry in his diary on the day on which the discussion with the physician took place. It reported the facts and the patient's decision: "I decided to gamble with destiny." This wish to overtrump destiny was a masochistic action of the patient's unconscious, and had exactly the results which were inwardly intended: Every time his wife had to enter a sanatorium for many months—and this happened with regularity—he complained bitterly about the injustice she had done him. That he had unconsciously provoked the whole situation, was, of course, not clear to the patient. This complaint about self-created ill-luck was supplemented by self-commiseration.

The patient did not understand his real conflict, as can be well understood. He believed that he "stuck to" his wife *despite* the suffering she inflicted on him. In unconscious reality, he was "sticking to" her *because* of this unconsciously self-created, and inwardly-sought-for, unhappiness. Psychic masochists enjoy this type of situation.

The hero in the patient's novel leaves a woman without any reason. That is exactly the patient's "alibi": "If there are men who leave their wives without adequate reasons, I certainly can do it, for I have every justification."

Hence the neurotic hero of the story played the part of an *appeaser of my patient's conscience.* This also explains why a less important part of his neurosis—his inability to love—is permitted to become conscious, although it is typically repressed. Actually, the patient's main conflict is induced by the opposite wish, which was to remain with his wife, despite logical reasons to the contrary, because she gratified his neurotic-masochistic tendencies. His conflict is *seemingly* an aggressive one—to leave or not to leave his wife—and against this reproach of the conscience, defenses and "alibis" are produced. However, the pseudo-aggressive conflict covers the dynamic decisive one: the masochistic wish to suffer.

Another subterfuge can be noted in this example: namely the flash of insight that he is incapable of love—hence neurotically ill. The fact that no explanation is given for his inability to love is significant. It points to an "alibi," too. The inexplicable means, for the patient: "Neurosis is not under conscious volition, hence I cannot be held responsible."

The writer's self-cure of a pressing inner conflict corresponds to a sublimation. What is represented finally, is not the end-result of his infantile conflict in this specific case, psychic masochism—or the defense against his inner wish in the specific case, pseudo-aggression—but only the *defense against the defense*. In my personal opinion, that sequence of events is typical for every sublimation.*

Bogeyman No. 2

Clinical experience proves that the writer is inwardly afraid of his own fantasies. "Something" forces him to write them down. The story seems banal; what else should the writer do? The simple comparison with a non-writer who may tell a good story, but who, when asked why he does not write it down, reacts with surprise shows that there are people who do not feel the urge to write. What the writer does, psychologically by writing down his plot, is this: He changes a "voyeuristic" image into an exhibitionistic one. In other words, by exhibiting before the reader or spectator, as the case may be, he uses an inner "alibi": "I'm not a Peeping-Tom, I'm an exhibitionist."

The inner conscience of the writer seems to have different priorities for "crimes." In this strange lawbook, peeping represents a greater offense than does exhibitionism. The reason is understandable only from knowledge of the development of the child: Some children with increased voyeurism, are incapable of detaching that voyeuristic wish from the original sexual connotation of peeping. Therefore, they use the opposite tendency as defense. And the opposite tendency is exhibitionism. Clinical experience has taught me that exorbitant exhibitionism in an individual denotes a defense mechanism against voyeurism.†

*"On a five-layer structure in sublimation," Psychoan. Quart., 1945.

†"A new approach to the therapy of erythrophobia." Paper read at the XVth International Psychoanalytic Convention in Paris, August 1938, published in Psychoan. Quart., 1944.

Bogeyman No. 3

The writer struggles unconsciously with the inner reproach of his conscience, which accuses him of harboring the wish to repeat disappointments with other people originally allegedly experienced with the mother. The accusation is coated in the formulation: "You need a protagonist who disappoints you because you want to be disappointed." The writer produces unconsciously the following alibi: "I don't want to be disappointed and I don't need a protagonist. I am 'autarchic,' give myself everything (ideas, words)." With this "unconscious trick" the writer eliminates the frustrating mother, acts, with himself, the transformed, "giving" mother.

The proof of that statement is to be found in inhibited writers. They cannot give themselves, because they refute the accusation of the inner conscience with purely neurotic means. Accused of wanting to be refused they answer with the opposite tendency: They refuse (ideas, words). This pseudo-aggressive refusal is a neurotic "alibi," but inhibits productivity, too.

Bogeyman No. 4

The writer is unconsciously afraid that his complicated chain of "alibis" can be rejected by the inner conscience. Therefore he enlists allies. By seeking recognition, he makes readers and spectators approve of his own guilt. What the writer submits to approval, is, however, not his unconscious wish, as previously assumed (H. Sachs), but the defense against that wish.

* * *

A writer can be blocked at any of these four "alibi" stations. The moment he can no longer produce suitable defenses, his writing stops. If he cannot substitute exhibitionism for voyeurism, he can imagine a plot, but is incapable of writing. If the voyeuristic component is "sexualized," he cannot develop even a plot. And if his inner conscience accuses him of the *perpetual* wish to be refused, and the writer cannot counter that accusation productively by establishing an "autarchy," but merely by producing neurotically and unproductively the defense of "refusing," he is

not less blocked than he is under the condition that he misinterprets the rejection of the public or the critics, as meaning that his guilt is not alleviated.

* * *

Where does the hack-writer fit into the picture? What is blocked in him is feeling and imagination. What is not blocked, is the ability to copy, to think "second hand," and to use the technical skill necessary. In other words, none of the four defenses against the four "bogeymen" work in the hack. He is the zombi of the writers: He goes through *the motions of writing without being a writer.*

The hack has no ideas of his own. That means, his voyeuristic component is blocked. Were he a writer, he would be one of those unfortunate "blocked" ones who cannot even develop a plot.

In the case of the hack, the solution is different: He can "write," on condition that his writing is worthless trash, "on order."

Another variety of the hack was described by me in an earlier paper* a type which I proposed to call the "pseudo-humbug." These are people, for instance, advertisers, dramatic and literary critics, journalists, etc., who can "produce" under the condition of "prostitution," as such a patient called it. Advertising copy replaces the artistic endeavor.

A third subdivision of the hack, is the "ghost-writer." Hidden behind anonymity, inwardly making fun of the inarticulate "bigshot," the hack "produces" once more on order.

* * *

The last question which is of importance in this connection, is this: Who enables the hack to achieve the dominant position in the writing field? The publisher or editor responsible for the ascendance of the hack is no ideal figure. The neurotically inhibited writer becomes sometimes—if he has money-backing—the publisher. Other publishers are simply insecure gamblers who speculate on the book market, instead of the stock market. These dilettantes, depending on their "hunches," create the fantasy of "the public," as they see it. Augmenting the list of neurotic gamblers in the publishing field is the so-often-encountered son of the weal-

*"Psychopathology of pseudo-humbugs and pseudo-bluffers." PSYCHIAT. QUART. SUPPL., 1:1946.

thy man, who, with his father's money, "is bought into" an established publishing firm to act the role of the connoisseur, covering up his inability to achieve anything by himself in another field. This gallery of money makers and dilettantes, of inhibited writers and insecure gamblers in the publishing field instinctively reject the creative writer. They have to tolerate him, but they prefer the hack. "Less troubles, less prima-donna attitudes, an honest crook without great pretenses"—this was the characterization by a publisher of his "beloved" hacks.

A patient nibbling in this business told me: "We hacks are treated as is the traitor: Nobody loves him, he is paid because he is necessary." The same man told me once that he had decided to write a religious play. "I didn't know that you were interested in religious problems," I remarked. "Who told you that I am?" retorted the man ironically. "I'm not. I just believe this is the right moment for a religious play; people are interested in religion once more. . . ." That patient "solved" his "literary" problems from the commercial viewpoint of demand. The paragon of hacks *in persona.*

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MENTAL DISEASE AMONG PUERTO RICANS IN NEW YORK STATE

BY BENJAMIN MALZBERG, Ph.D.

In recent years, the Puerto Rican community of New York City has been the object of much investigation, centering about certain spectacular features of its environment. There have also been sober inquiries, which dealt with the great migratory waves, the economic drives behind Puerto Rican migration, and the effect upon the migrants of the new conditions that they encountered.

Puerto Ricans, being citizens of the United States, may travel freely between the island and the continent, the great magnet being New York City. This unregulated and unrestricted migration has resulted in the crowding of people into districts which were already overcrowded and lacking in many of the elementary requirements of sanitation. The difficulties these people experienced in adjusting themselves were aggravated by the barrier of language, and handicaps due to limited education.

The census of April 1, 1940 reported 61,463 residents of New York City whose birthplace was Puerto Rico. It is common knowledge that the number has increased tremendously since that year. The office of the Governor of Puerto Rico studied the population problem of the island and estimated in 1947 that a total of 231,302 Puerto Ricans who had migrated were then living in New York City.[1] The best estimate is probably that of the Welfare Council of New York City, which placed the Puerto Rican population of the city at between 210,000 and 240,000 in 1947.[2]

One might have anticipated that a population of this size, living under unfavorable conditions, would give rise to social problems, among which health would be an important factor. In the following analysis it is proposed to inquire into the prevalence of mental disorders among those of Puerto Rican origin. Previous investigations have shown that there is great variation in rates of mental disease in the groups that make up the population of New York, both state and city. For example, rates of mental disease among negroes exceed those of the white population in a ratio of 2 to 1. Rates of mental disease are high among Irish and Scandinavians, moderate among Italians, and low among Jews.[3]

This investigation is based upon an analysis of 188 Puerto Rican first admissions to all hospitals, public or private, for the treatment of mental disease in New York State during the fiscal year ended March 31, 1947. Included are all white persons of Puerto Rican ancestry, irrespective of their birthplace. Actually, all but 15 were born in Puerto Rico. Of the latter, 13 were born in New York City. Of the 188 first admissions, 162, or 86.2 per cent, were admitted to the civil state hospitals. In addition two were admitted to the state hospitals for the criminal insane, 15 to the three hospitals administered by the federal government, and only nine to the private licensed institutions. The latter represented only 4.8 per cent of the Puerto Ricans. Among all first admissions to these institutions during the year ended March 31, 1947, on the contrary, 20.3 per cent were admitted to the private licensed institutions, and the remainder to the public institutions, primarily to the civil state hospitals. This is indicative of the lower economic status of the Puerto Ricans.

Of the 188 first admissions, 100, or 53.2 per cent, were males, and 88, or 46.8 per cent, were females. Of all first admissions, 49.5 per cent were males, and 50.5 per cent, females. The excess of males among the Puerto Ricans is due to the fact that they are a migrant population, among whom males always predominate.

Table 1 gives the distribution of the Puerto Rican first admissions according to type of mental disorder. Of the 188 first admissions, 95, or 50.5 per cent, were cases of dementia præcox. The remaining groups were of low numerical order, the largest being the psychoneuroses, psychoses with psychopathic personality, and involutional psychoses, with 14, 12, and 10, respectively. Among all first admissions to the state and licensed hospitals, dementia præcox was the largest category, with 26.9 per cent of the total. This is slightly more than half the corresponding percentage among the Puerto Ricans. On the other hand, psychoses with cerebral arteriosclerosis included 17.0 per cent of the total first admissions, but only 3.7 per cent of the Puerto Ricans. In the case of the senile psychoses, the corresponding percentages were 12.4 and 2.1, respectively.

Table 1. Puerto Rican First Admissions to All State and Licensed Hospitals for Mental Disease in New York State, Classified According to Mental Disorders, Fiscal Year Ended March 1, 1947

Mental disorders	Number			Per cent		
	Males	Females	Total	Males	Females	Total
General paresis	5	2	7	5.0	2.3	3.7
With other infectious diseases	0	1	1	0	1.1	0.5
Alcoholic	4	2	6	4.0	2.3	3.2
Traumatic	2	0	2	2.0	0	1.1
With cerebral arteriosclerosis	3	4	7	3.0	4.6	3.7
With convulsive disorders	4	1	5	4.0	1.1	2.7
Senile	2	2	4	2.0	2.3	2.1
Involutional	1	9	10	1.0	10.2	5.3
Due to other metabolic, etc., diseases	2	0	2	2.0	0	1.1
Due to new growth	0	1	1	0	1.1	0.5
Manic-depressive	0	6	6	0	6.8	3.2
Dementia præcox	48	47	95	48.0	53.4	50.5
Paranoia and paranoid conditions	2	0	2	2.0	0	1.1
With psychopathic personality	8	4	12	8.0	4.5	6.4
With mental deficiency	6	2	8	6.0	2.3	4.3
Psychoneuroses	8	6	14	8.0	6.8	7.4
Without psychosis	3	0	3	3.0	0	1.6
Primary behavior disorders	2	1	3	2.0	1.1	1.6
Total	100	88	188	100.0	100.0	100.0

These differences arise from the characteristics of the age distribution of the Puerto Ricans, which is shown in Table 2. Being a migrant group, they are relatively young. Of the 188 first admissions, 32, or 17.1 per cent, were under 20 years of age, compared with only 5.3 per cent of all first admissions to the civil state hospitals. Those aged 20 to 29 years included 55 of the Puerto Rican first admissions, or 29.2 per cent, compared with only 14.2 per cent of all first admissions. On the other hand, only 14, or 7.4 per cent of the Puerto Ricans, were aged 60 or over, compared with 38.2 per cent of all first admissions. The average age of the Puerto Ricans was 33.5 years, compared with 51.5 years among all first admissions. Among males, the average ages were 32.8 for the Puerto Rican first admissions, and 50.3 for all first admissions. Among females, the corresponding averages were 34.4 and 52.7 years, respectively.

The difference in age distributions has a marked effect upon the annual rate of first admissions per 100,000 population. The Puerto

Rican population is limited almost entirely to New York City. In 1947 their number was estimated between 210,000 and 240,000. The number of Puerto Rican first admissions from New York City to all hospitals for mental disease during the year ended March 31, 1947 was 178. The estimated annual rate per 100,000 population is therefore between 74.2 and 84.8. The corresponding estimated rate for the general population of New York City was 152.8 per 100,000 population. It therefore appears that the Puerto Ricans had a rate about half that of the general population. This is a misleading comparison, however. Puerto Ricans have a large proportion at the younger ages, where the rates of first admissions are

Table 2. Puerto Rican First Admissions to All State and Licensed Hospitals for Mental Disease in New York State, Classified According to Age, Year Ended March 31, 1947

Age (years)	Number			Per cent		
	Males	Females	Total	Males	Females	Total
10-14	6	2	8	6.0	2.3	4.3
15-19	12	12	24	12.0	13.6	12.8
20-24	21	10	31	21.0	11.4	16.4
25-29	10	14	24	10.0	15.9	12.8
30-34	13	14	27	13.0	15.9	14.4
35-39	12	9	21	12.0	10.2	11.2
40-44	10	10	20	10.0	11.4	10.6
45-49	4	5	9	4.0	5.7	4.8
50-54	4	3	7	4.0	3.4	3.7
55-59	2	1	3	2.0	1.1	1.6
60-64	2	5	7	2.0	5.7	3.7
65-69	0	3	3	0	3.4	1.6
70-74	2	0	2	2.0	0	1.1
75-79	1	0	1	1.0	0	0.5
80-84	1	0	1	1.0	0	0.5
Total	100	88	188	100.0	100.0	100.0
Average age (years)	32.8±1.00	34.4±0.99	33.5±0.71			
Standard deviation (years)	14.8±0.71	13.8±0.70	14.4±0.50			

negligible. They have smaller proportions than the general population at advanced ages, where the rates are high. A sample survey of a block in the heart of the Puerto Rican community in Harlem showed that 33.3 per cent were aged 16 or under.[4] The general population is estimated to include about 20 per cent in this

age group. Further age comparisons are not available, especially at the older ages, which are obviously under-represented among the Puerto Ricans. Therefore, no correct comparison can be made until an accurate census is taken of the Puerto Rican population, giving distributions according to age and sex.

Intellectual Make-Up

Of the 188 first admissions, 132, or 70.2 per cent, were classified as of normal intelligence, and 32, or 17.0 per cent, as subnormal (Table 3). The intellectual make-up was unascertained in 24 cases. Of the 32 subnormals, 1 was an imbecile, 5 were morons, and 24 of borderline intelligence. Two were of an unspecified degree of defect.

Table 3. Puerto Rican First Admissions to All State and Licensed Hospitals for Mental Disease in New York State, Classified According to Intellectual Status, Fiscal Year Ended March 31, 1947

	Number			Per cent		
	Males	Females	Total	Males	Females	Total
Normal	71	61	132	71.0	69.3	70.2
Subnormal	18	14	32	18.0	15.9	17.0
Imbecile	1	0	1	1.0	0	0.5
Moron	3	2	5	3.0	2.3	2.7
Borderline	13	11	24	13.0	12.5	12.8
Unspecified	1	1	2	1.0	1.1	1.1
Unascertained	11	13	24	11.0	14.8	12.8
Total	100	88	188	100.0	100.0	100.0

Of all first admissions to the civil state hospitals during the year ended March 31, 1947, only 10.5 per cent were considered subnormal. This is significantly less than the corresponding percentage among Puerto Ricans.

Degree of Education

Of the 188 first admissions, 9, or 4.8 per cent, were illiterate (Table 4). One could read, and 9 could read and write. Together these two represented 5.3 per cent of the total. Almost two-thirds had some degree of common school education. Thirty-five, or 18.6 per cent, had been to high school, and 3, or 1.6 per cent, had been to college. Among all first admissions to the civil state hospitals, 25.1 per cent had been to high school, and 5.5 per cent, to college.

Table 4. Puerto Rican First Admissions to All State and Licensed Hospitals for Mental Disease in New York State, Classified According to Degree of Education, Fiscal Year Ended March 31, 1947

Degree of education	Number			Per cent		
	Males	Females	Total	Males	Females	Total
Illiterate	6	3	9	6.0	3.4	4.8
Reads	0	1	1	0	1.1	0.5
Reads and writes	5	4	9	5.0	4.5	4.8
Common school	68	53	121	68.0	60.2	64.4
High school	16	19	35	16.0	21.6	18.6
College	1	2	3	1.0	2.3	1.6
Unascertained	4	6	10	4.0	6.8	5.3
Total	100	88	188	100.0	100.0	100.0

This indicates a lower level of education among the Puerto Ricans, which is due in part to poverty, and in part to the resulting inadequacies of public education in Puerto Rico.

Economic Condition

Of the 188 first admissions, 41, or 21.8 per cent, were in dependent economic circumstances; 131, or 69.7 per cent, were in marginal circumstances; and 11, or 5.9 per cent, were comfortable (Table 5). The economic status was unascertained in 5 cases.

Table 5. Puerto Rican First Admissions to All State and Licensed Hospitals for Mental Disease in New York State, Classified According to Economic Status, Fiscal Year Ended March 31, 1947

Economic status	Number			Per cent		
	Males	Females	Total	Males	Females	Total
Dependent	23	18	41	23.0	20.4	21.8
Marginal	73	58	131	73.0	65.9	69.7
Comfortable	3	8	11	3.0	9.1	5.9
Unascertained	1	4	5	1.0	4.5	2.7
Total	100	88	188	100.0	100.0	100.0

Among all first admissions to the civil state hospitals, 25.3 per cent were dependent, 58.0 per cent marginal, and 13.0 per cent, comfortable. This indicates a much lower proportion of Puerto Ricans, in the comfortable class. This might have been anticipated from a knowledge of the economic conditions of Puerto Ricans, in general, in New York City.

The true difference, however, is much greater, as we should add the affluent group in the general population which is admitted to the private licensed institutions. Very few Puerto Ricans applied for admission to the latter group of institutions. Therefore, we must conclude that Puerto Rican first admissions are drawn from a lower economic level than the average of mental patients in New York State.

Personality Make-Up

Of the 188 first admissions, 34, or 18.1 per cent, were considered of normal personality make-up (Table 6). The corresponding percentage among all admissions to the civil state hospitals was 33.9.

Table 6. Puerto Rican First Admissions to All State and Licensed Hospitals for Mental Disease in New York State, Classified According to Personality Make-up, Fiscal Year Ended March 31, 1947

Personality make-up	Number			Per cent		
	Males	Females	Total	Males	Females	Total
Schizoid	39	26	65	39.0	29.6	34.6
Cycloid	0	3	3	0	3.4	1.6
Paranoid	10	12	22	10.0	13.6	11.7
Epileptoid	2	1	3	2.0	1.1	1.6
Hysteroid	5	0	5	5.0	0	2.7
Neurosthenoid-hypochondriacal	1	1	2	1.0	1.1	1.1
Anxiety character	2	4	6	2.0	4.5	3.2
Compulsive-obsessional	1	0	1	1.0	0	0.5
Psychopathic	4	3	7	4.0	3.4	3.7
Unstable	14	10	24	14.0	11.4	12.8
Normal	14	20	34	14.0	22.7	18.1
Unascertained	8	8	16	8.0	9.1	8.5
Total	100	88	188	100.0	100.0	100.0

The outstanding characteristic among the Puerto Ricans was the high proportion of schizoid personality, 65, or 34.6 per cent, being so classified, compared with only 22.0 per cent of all first admissions. This is associated with a high prevalence of dementia præcox among the Puerto Ricans.

Use of Alcohol

Of the 188 first admissions, 103, or 54.8 per cent, were abstinent; 44, or 23.4 per cent, moderate; and 31, or 16.4 per cent, intemperate (Table 7). There is no difference in the rate of intemperance,

Table 7. Puerto Rican First Admissions to All State and Licensed Hospitals for Mental Disease in New York State, Classified According to Use of Alcohol, Fiscal Year Ended March 31, 1947

	Number			Per cent		
	Males	Females	Total	Males	Females	Total
Abstinent	41	62	103	41.0	70.4	54.8
Moderate	32	12	44	32.0	13.6	23.4
Intemperate	24	7	31	24.0	8.0	16.4
Unascertained	3	7	10	3.0	8.0	5.3
Total	100	88	188	100.0	100.0	100.0

compared with the total first admissions to the civil state hospitals. Considering that most Puerto Ricans live in what are considered slum neighborhoods, this is testimony to their general sobriety.

Summary

Since 1940 there has been a rapid growth of the Puerto Rican population of New York, primarily in New York City. They were estimated to number between 210,000 and 240,000 in New York City in 1947. During the fiscal year ended March 31, 1947, there were 188 first admissions of Puerto Rican origin to all hospitals, public and private, for the treatment of mental disease in New York State. Of this total, 178 were from New York City. The latter provided an estimated annual rate of first admissions of 74.2 to 84.8 per 100,000 Puerto Ricans. The corresponding annual rate for the general population of New York City was 152.8. However, a direct comparison of the two rates is not possible, because this group is much younger than the general population, and contains relatively few at advanced ages, where the rates of first admission are highest. A precise comparison cannot be made until the next census provides the necessary population data.

An analysis of some of the characteristics of the Puerto Rican first admissions shows that they possess a relatively high percentage with subnormal intelligence, that their educational attainments are low, and that they are of a relatively low economic status. They do not differ essentially from all first admissions with respect to the intemperate use of alcohol.

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PLEASANT DREAMS!

BY NATHAN RAPPORT

It does not seem possible! At one moment a man's entire being is absorbed in his narrow escape from death, in a terrific struggle against the most fearful odds; but the next moment he has completely forgotten the incident and can never recall it again! Another speaks rapturously of a scene before him as the vision of beauty excelling all that was ever viewed; the next moment it is as something that never entered his mind—he has forgotten it forever! Man displays a routine forgetfulness which is a powerful factor limiting our scant and scattered knowledge of dreams.

Freud's deciphering of a great mass of symbolism, though obscured by his wish-fulfillment and dream-censor theories, is the only considerable later contribution to a body of knowledge recorded 23 centuries ago by Aristotle. That ancient "secretary of nature" left for us the origins of our theories about subconscious thought, subliminal impressions and telepathy.

Approximately 98 per cent of remembered dreams are pictorial equivalents, generally symbolic, of memories, wishes, fears, hopes, intentions and random suppositions such as we entertain while awake. A few are of the kind we then repress. A very small proportion of these dreams cannot be properly classified as equivalents of memories; although they are revived impressions of the dreamer's past, they are beyond recall by the wakeful mind's own efforts. These include symbolisms of the conception and birth of the dreamer.

The stimulus for a dream equivalent of thought often is some sensation from the body or surroundings, vaguely appreciated during the partial sleep attending awakening or nocturnal interruptions. Ann Radcliffe, who with *The Mysteries of Udolpho* earned a chapter in the history of the England novel, is said to have contrived many interruptions of her sleep by eating indigestible food. During the resulting disturbances, allegedly caused by a protesting stomach, the novelist gathered much vivid dream material for her weird stories. Dryden consumed raw meat to encourage his awareness of nocturnal fantasies.

About 2 per cent of remembered dreams suggest inherited impressions, telepathy, clairvoyance and precognition—phenomena

which, despite a wealth of evidence, remain beyond understanding. Such dreams occur during deep sleep. They are made available for recollection only when their weak emotional components, by leading to awakening, establish links between dream and environment. Probably, were we able to recall all our dreams, this kind would outnumber the equivalents of wakeful thoughts.

Why is it that within the borders of Dreamland we accept as matter-of-fact realities the images which wakeful recollection discloses as mysterious, absurd or impossible? In *Conversations of Goethe with Eckermann* the poet's friend and literary assistant, Johann Peter Eckermann, reported a most interesting dream of his own. He pictured himself as one of a small group stranded on a rock far from the seacoast. Believing he was the least comely of the group, he felt averse to swimming to shore. But after a convenient exchange took place, he found himself occupying the body of a handsome young companion, the original owner of that splendid physique having moved into Eckermann's old body. By actively swimming to shore, the young new tenant imparted to that form a youthful shapeliness. This dream was the equivalent of the ordinary thought which may be worded as, "Oh, if I only had a more shapely form! A youthful spirit would endow this bag of old bones with the comeliness of vigor."

The normal individual consists of two distinct personalities—one dreams, the other faces environment. Each of these two has its own individual character and memory. The wakeful personality, by habitual rationalization and self-censorship has become detached from the self of which the remaining greater part continues in subconscious activities. The dreaming personality readily accepts as matters of fact its impressions which defy physical, moral and rational restrictions, because it never had, and never can have, informative, perfect contact with reality's rules. The psychotic individual, though awake, responds to reality with the mentality of the normal person dreaming. While dreaming, all—sane or deranged—ignore reality; then all possess equal sanity. Here is no question of intelligence; a patient may score an I. Q. higher than that of the psychologist or doctor examining him.

Usually a dreamer does not wonder at his ability to levitate his body up to the ceiling, to fly everywhere without wings, to walk the fluid surface of a river with carefully weightless step, or to pass

from his apartment directly into an exotic, foreign scene deep in the past. Since childhood the dreaming personality has always wielded these powers and cannot marvel at the very familiar scenes. It is left to the associated personality, the wakeful one, to comment upon infrequent recollection, "What a crazy dream!" "Such depths of mystery" or "How lovely!"

Upon retiring to bed we usually review recent events and then turn to random thoughts while consciousness of self becomes gradually more vague. Then follows drowsiness which later memory incorrectly identifies as mental nothingness. Awakening comes after a few hours when, by force of habit, renewed interest once again broadens the sensory field. The entire interval is veiled by the normal amnesia covering sleep; at most only a dream or two is recalled. For there has not been sufficient linkage with environment to make the mental activity available to wakeful recollection.

One night my young son cried out several times in his sleep, and seemed to be struggling. I imagined that he was meeting severe reverses while fighting the allied Indians, pirates and Martians. There were indications that the bloody massacre might become a serious state of affairs. Certain that he had lost at least one scalp, I rushed to the rescue by waking him. In response to my question, "What were you dreaming about?" an expression of puzzlement was added to the calm with which he said, "Nothing, at all! I wasn't dreaming at all." I told him that only a moment before he had seemed to be in pain and was almost choking with the effort to cry out. The boy was surprised and remarked that it seemed to him that he had been having the most peaceful sleep!

The mystery and adventure that parade through any mind in one night would fill many volumes. Although (or perhaps because) during a dream we concentrate our entire attention upon it, we forget it as soon as it is over. The self then exists merely as an imaginary spectator of, or participant in, the action which seems so real. The wakeful personality, being asleep at the time, no decision relative to reality is possible. We cannot determine, "I will remember this dream." How then are we to enable the wakeful mind to peep into Dreamland?

There is no royal road to that purpose. Drugs may accomplish it, but at too terrifying a cost. Burdening the stomach unwisely

with midnight snacks, encourages sleep interruptions during which we may recall dreams influenced by that organ's protests. Circumstances, which through lack of scientific investigation, remain favors of chance, sometimes grant the waking mind an actual on-the-scene view of the dream. But there is only one worth while method and that is the cultivation of interest in mental pictures, intense enough to persist while they occupy the mind.

How does it happen that dream images can be more enchanting than any picture in an art gallery? A dream may be dull indeed when—although a complete hallucination—it seems to present matter-of-fact reality. But when we know that we are dreaming, there is ecstasy! For then, all that exists besides the dreamer is his dream, without a dulling film of reality before it; the color is the purest, the esthetic enjoyment of form exceeds that of the essence of music. The magic inherent in fantasies of the night is enjoyed only during activation of the wakeful personality (the group of impressions that supports judgment and includes those referring to present personal identity) while its customary associate, the sensory system, remains comparatively idle. A friend is enthusiastic about his enchantment when he is aware of having a certain recurrent dream in which he pictures himself cutting out paper dolls. To his delighted amazement, they begin to act like flesh-and-blood people! Conscious that he is viewing mere mental images, the dreamer examines them, but cannot find any representation of the medium for this miracle—life in a paper doll!

In order to be aware of the fact that we are dreaming, we must be conscious of three things: the self, the dream and the relationship between them. We can be made conscious of this relationship only by the sensory system—the means for knowing location of details in space and time. In addition to consciousness of self and the dream, there is essential an awareness, no matter how vague, of environment (of which the body is the most immediate) to fully enjoy the wonders in dreams. As awareness of environment is impossible during deep sleep, our dreams then are apt to roam all space and time as if personal identity is merged in a universal consciousness. All personal problems, even the deepest or most painful, are then ignored.

The nature of dreams may be studied best on those rare occasions when one is aware that he is dreaming. One night I awoke

in raptures of delight inspired by a dream which pictured a drawing room of the Victorian period. Brilliant lights flashed, and a myriad of sparkles twinkled from a magnificent cut-glass chandelier. Interesting as any stage extravaganza, were the many quaintly detailed figurines upon a mantel against the distant, paneled wall adorned in rococo. At the right a merry group of beauties and gallants in the most elegant attire of Victorian England idled away a pleasant occasion. This scene continued for a period of which I was not aware, before I discovered that it was not reality, but a mental picture and that I was viewing it. Instantly it became an incommunicably beautiful vision. It was with the greatest stealth that my vaguely awakened mind began to peep; for I knew that these glorious shows end abruptly because of such intrusions.

I thought, "Have I here one of those mind pictures that are without motion?" As if in reply one of the young ladies gracefully waltzed about the room. She returned to the group and immobility, with a smile lighting her pretty face which turned over her shoulder toward me. The entire color scheme was unobtrusive despite the kaleidoscopic sparkles of the chandelier, the exquisite blues and creamy pinks of the rich settings and costumes. I felt that only my interest in dreams brought my notice to the tints—delicate, yet all alive as if with inner illumination.

The scene occupied the mind's entire "visual field." It was with a feeling of much eye-strain (whether imaginary or real, I could not discover because of my caution against complete awakening) that I focused my attention in all directions, one after another, to the utmost limits of the field and found them vague and irregularly hazy. So the scene differed from many dream pictures which occupy the central area of a dark background—a central area also limited by similar irregular haziness.

As the dream continued, I pictured myself extolling the magical beauty of this inner vision to four friends. I asked that one of them place his open hand a few inches in front of my closed eyes. I then informed them that I could still see the picture—now seemingly projected against the hand—as if my eyelids were transparent. This dream episode was the equivalent of my thought, "These four friends should be able to lend a hand in my investigations." This referred to friends whom I had asked to undertake experi-

mental exploration of Dreamland, merely by forming for about a half hour a simple habit. While in bed awaiting sleep, the experimenter interrupts his thoughts every few minutes with an effort to recall the mental item vanishing before each intrusion by that inquisitive attention.

Such introspection may easily be made habitual enough to invade the drowsy outskirts of Dreamland, and, upon sudden awakening there, find a startling revelation. One of my friends was amazed at finding himself strolling past the bazaars in Cairo, despite environmental assurances, before and after that magic moment, that he was actually in that most Occidental locality of all places—Brooklyn! When upon the threshold of sleep, consciousness of self intrudes upon your thoughts; they are found weirdly absorbed—unguided while they picture, recite or hear the often commonplace residue of recent experience, but more often adventure, mystery or beauty you never knew in wakeful life. Shouts, and whispers too, echo through the winding halls of the mind; diverse scenes flash or linger upon that limitless stage.

When introspection interrupts the imminent surrender of interest in environment, which includes the physical self, you become aware of the effect responsible for the phrase, "falling asleep." Arrested, is your imagined fall from a high cliff, a tall building, or in an elevator hurtling down. Attention to the approaching abandonment of consciousness of environment, as in surrender to sleep, promotes the illusion of an actual fall.

Let those who easily forget, belie their ready clichés "Lovely as a dream!" and "Beyond my wildest dreams!" by referring to the nocturnal images as dull inanities. The reader and I know better. The ordinary mental theater such as mine is exceeded in every respect by the dreams of others; but my own dreams may do as instances. Once I closed my eyes for a drowsy moment so brief that my companion did not notice the pause in my answer to a question. Upon the darkness within my closed eyes appeared a pinpoint of light which, despite the briefness of the entire vision, seemed to expend gradually into a full scene of an Aztec city, colorful and ablaze with sunlight. The expanding scene soon filled the entire visual field, which thenceforth was occupied, due to an advancing focus, successively by an ever-reduced number of buildings, by the

humblest one of them, by its door and finally by the vast expansion of a single spot of that door, fading into nothingness like an excessively enlarged view in a microscope.

Often in dreams I've knelt on the floor in my house, the better to observe a tribe of tiny people not larger than bees, while they toiled or played; and I've picked my way through a forest of gigantic legs, while I gazed up in wonder at the faces of gawky giants. Stifling in darkness, I've exulted with companion Greek soldiers within the huge wooden horse, chuckling in anticipation of the Trojans' dismay over the gift. I've committed crimes of which it is not proper to speak; I've felt excessive embarrassment over the strange, suddenly noticed absence of my coat, or hat and been startled by its sudden, unexplained reappearance upon me; I've trembled in apprehension as, ragged and covered with filth and vermin, I cautiously groped my way in escape from the depths of a dark, medieval French dungeon; lolled luxuriously in a fabulous Persian palace and strolled through the most weirdly beautiful gardens in which were displayed unknown varieties of exotic plants. In dreams I've hurtled for ages past strange worlds which silently revolved in indescribable vastness; understood the thoughts of every kind of creature; been threatened by grimacing dogs and grinning horses; fled with brethren ants into our tunnel to escape attacks by those monsters—the worms, whose burrowings caused alarming undulations in the earth around us.

In other dreams I've gazed in enchanted wonder at many marvelous pictures fashioned in variously colored light against the sky, with advertising legends that detracted not a jot from the strange thrill; reveled in the beauty of a silent woodland glade, familiar as if for the thousandth time visited, yet entirely unknown to me while awake; browsed at leisure through a library of books, marvelously illustrated by pictures printed to respond to the gaze with lifelike action; walked hand in hand with a woman of loveliness seldom encountered in this world, enjoying a sentimental tenderness beyond mortal reach; conversed with people long departed from our world and I was often positive—yes, positive within the dream's illusion of reality, that I had found the basic secret that explains life. Almost all of the dreams listed were probably equivalents of wakeful thoughts, but interpretation is not the present theme.

Robert Louis Stevenson, while seriously disclaiming creative responsibility for those of his wonderful tales which originated in his dreams, humorously proffered the credit to "the Little People" or "my Brownies" who arranged his nightly mental theater. Psychoanalysts may enjoy elementary practice in dream interpretation with Stevenson's *The Suicide Club*. None of us can tell our stories as thrillingly as Stevenson, but even the least gifted will find subjects as absorbing as *Dr. Jekyll and Mr. Hyde* staged by his own "Little People."

The absence of control by a dreamer over the production of the material within his view, is well illustrated in the following instance. Robert G. Ingersoll related one of his dreams, in which he seemed to be discussing some particular theme with another man. Becoming aware that he was merely dreaming, he thought that he ought to be able to predetermine the entire dialogue. Experimenting, as the dream continued, he asked his fantasied opponent a question, after having made up his own mind what the answer would be. When a totally unexpected reply came, the dreamer was so astonished that he awoke!

Despite the characteristic absence of even the least effort in the production of dreams, they have always been noted as sources of much value to inventors, mathematicians, poets, novelists and philosophers. Sir Thomas Browne, a physician who achieved much literary fame with his *Religio Medici,* remarked that if memory of dreams were faithful as the reasoning in them is fruitful, he would study only while dreaming.

In dreams a man may display a personality, either temporary or permanent, altogether contrary to his wakeful self. Mrs. "George" one morning demanded an explanation from her husband. During the night he had suddenly sat bolt upright in bed, and with expressive gestures, sung, "On a bench, in a park, in Paree—," continuing until his awakened wife and daughter succeeded in quieting him. A pleasant dream, no doubt! In the morning he failed to remember it. His surprise at his conduct as reported to him could be readily understood by all who knew Mr. "George"—a severe philosopher beyond whose desire flitted even the most moderate frivolity. He could not understand his nocturnal ability to continue beyond the opening line of the song, for he had never paid

direct attention to the popular ditty. Mr. "George" sincerely assured me that there was not amongst his hidden desires anything remotely tinged with the spirit of "*ô la! la!*"

As to the mysterious glories all too seldom remembered from dreams—why attempt to describe them? Those magical fantasies, the weird but lovely gardens, these luminous grandeurs; they are enjoyed only by the dreamer who observes them with active interest, peeping with appreciative wakeful mind, grateful for glories surpassing those the most accomplished talents can devise in reality. The fascinating beauty found in dreams amply rewards their study. But there is a higher call. The study and cure of the mind out of touch with reality can be aided by attention to dreams. And when secrets are wrested from the mystery of life, many of them will have been discovered in pleasant dreams.

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THE EFFECTS OF ELECTRIC SHOCK THERAPY AS REVEALED BY THE RORSCHACH TECHNIQUE*

BY SADI OPPENHEIM, M. A., AND DANIEL BROWER, Ph.D.

The widespread use of electric shock therapy in the treatment of patients with manic-depressive depressions and involutional melancholia raises the question of the over-all effects of such therapy both psychologically and physiologically. Accordingly, a group of cases hospitalized in the psychiatric division of Bellevue Hospital were subjected to the following studies before and after they had received a course of electric shock treatments: the Wechsler-Bellevue Adult Intelligence Scale, the Bental Visual Retention Test, the dynamometer test of hand grip, a motor tapping test, the Rorschach test, and a special application of the mirror drawing technique developed by Brower.[1] A complete neurological and psychiatric examination, including an electroencephalogram, and the clinical psychiatric diagnosis were obtained prior to electric shock therapy.

The present report is a preliminary paper dealing exclusively with the Rorschach phases of this project. Future and more extended articles will deal with the clinical findings and electroencephalograms, *per se,* as well as with the interrelationships between the psychological and physiological data.†

While the authors started with a population of 50 cases, this total steadily declined because of extrinsic factors so that the present report is based upon a sample of 35 patients. Fourteen of these were males and 21, females. Their ages ranged from 26 to 61 with a median age of 50.5 years; 60 per cent of the cases ranged in age from 45 to 59. Fifty-seven per cent were diagnosed clinically as involutional melancholia or involutional psychosis; 37 per cent as manic-depressive depression; and 6 per cent (or only two cases in the group) as depression with possible schizophrenia.

The shock treatment apparatus was a Rahm machine in which voltage and time were regulated but milliamperage was a function

*Read before the Rorschach Institute meeting of April 28, 1947.

†This investigation is part of a study, undertaken with Dr. Margaret A. Kennard, of the electroencephalograms of patients with various types of anxiety, and is also part of a study of electric shock therapy undertaken by a group of the staff of Bellevue Psychiatric Hospital (Drs. Frosch and Impastato).

of the voltage and the resistance of the patient's body. The voltage varied between 90 and 145; the time varied from 0.10 to 0.25 seconds. The electrodes used were bipolar metal ones and were applied to the temporal groove, wet with saturated salt solution. Treatments were given three times weekly; the number of shocks that each patient received depended primarily upon the individual's response to this mode of therapy and upon the clinician's judgment as to further indication or contraindication for it. This paper, therefore, deals with the more qualitative aspects of the effects of electric shock therapy with no attempt to correct for the number of shocks administered. In other words, it is impossible from the data here to determine whether the trends reported are to any extent a function of the number of shocks a given patient received.

The pre-shock Rorschach record was obtained, along with the rest of the test-battery results, as close to the date of the beginning of shock therapy as was clinically feasible. At most, the interval was several days. Since the treatments were carried out during the period in which the patients were awaiting diagnosis and disposition, the data cannot be considered comparable to that of studies conducted in state institutions after prolonged hospitalization.

The post-shock Rorschach record was taken about one week after the final shock treatment. The number of shocks ranged from four to 24 with a mean of 10.2. At the conclusion of therapy, the clinical evaluations of this group of patients were as follows:

	Percentage
Greatly improved	34
Partially recovered (slight or moderate improvement)	57
Unimproved	9

It has been the intention to obtain follow-up material, both clinical and psychophysiological, on all patients after their return to their homes. However, because of the typical apathy of both patients and their families in this regard, it is not yet possible to report on this phase of the work.

It may be of interest to note that 31 per cent of the cases were described upon hospitalization as agitated, most of these belonging to the involutional category.

An examination of Table 1 reveals the following trends:

1. An average increase in FM; Fc+c; C′; FC; C; Sum C; R; W%; Z; and A%.

2. An average decrease in F; F%; F—%; CF; D+d%; Dd+S; rejections; %R's 8, 9, 10; FK+F+Fc%; and reaction time to both achromatic and chromatic plates.

3. Little average change in M; m; Fk+K+k; and P.

Table 1. Composite Mean Quantitative Data Comparing Pre-Shock and Post-Shock Records

	Pre-shock, mean	Post-shock, mean
M	1.50	1.57
FM	2.00	2.66
m	0.23	0.49
FK+K+k	0.45	0.26
F%	41.60	37.83
F—%	26.83	21.44
Fc+c	1.00	1.57
C′	0.61	0.67
FC	0.73	1.10
CF	1.20	0.91
C	0.09	0.24
R	12.10	14.46
W%	43.40	57.91
D+d%	38.10	36.28
Dd+S%	7.10	5.09
A%	47.00	52.00
Z	12.50	17.26
F	2.1	1.8
Rejections	1.20	0.69
Achro. RT	27.5	15.9
Chrom. RT	22.9	17.5
$\frac{FK+F+Fc}{R}$ %	28.40	25.80
P	4.60	4.58
(H+A): (Hd+Ad)	6:2	8:2
Sum C	1.34	1.71
(FM+m):(Fc+c+C′)	2:1	3:2
%R's 8, 9, 10	32.10	29.54
W:M	7:2	8:2
M:Sum C	Note: 17% of cases changed from intratensive to extratensive *Erlebnistype.*	

4. In 17 per cent of the cases the M:Sum C ratio shifted from intratensive to extratensive.

5. The ratio (FM+b):(Fc+c+C′) changed from 2:1 to 3:2.

In the intellectual sphere, there was improved mental organization and integration along with greater productivity (increased Z, W%, R, and reduced number of rejections). The patients' approach to the environment became broader, with a diminished degree of attention to details (increased W% along with decreased D+d% and Dd+S%). One also finds a lesser degree of constriction but improved quality of intellectual control (decrease in F% and F—%). These observations lead to the impression of a bolder and more confident mental approach.

In the affective sphere, we find an increase in sensitivity to outer stimuli associated with less resistance to external stimulation (faster reaction time, reduced number of rejections, increase in Fc, c, and FC). There is also evident an increase in instinctual drive and energy level (FM is increased). These trends lead to the inference of improved contact with the outer world and better social adjustment.

As has been noted, there has not yet been adequate opportunity to conduct follow-up studies on all cases. Of those who were followed, however, nine are considered to have persisted in their clinical improvement beyond the time of their discharge from the hospital. Upon more intensive study of the Rorschach records of these nine cases, it was found that the purely quantitative approach (comparison of scores and ratios on pre-shock and post-shock records) actually masked several qualitative changes which seem to reflect the improved clinical picture.

An analysis of the changes in the M responses which elude quantitative comparison but which show up clearly in a qualitative analysis of the records of this small group of patients showing sustained improvement reveals:

1. A bolder approach which takes various forms: the use of larger areas of the cards, the reduction of comments involving qualifications and uncertainty, and the substitution of declarative statement for a question form of response.

2. A more active quality of movement.

3. A shift of considerable material from the additional category in the pre-shock protocol to the performance proper in the post-shock record.

4. Occasional use of M where it had not been given before.

Examples

	Pre-shock	Post-shock
II.	Two men ain't got no legs but head, body . . . look like they're fighting that all I know . . . ain't got right kind of head like men should have but . . . hands join together.	Look like men fighting or pushing.
III.	Two men too look like lifting up something, yes, that what look like—two men lifting up something. Inq.: Only got one leg trying to toss something up in air.	Two men lifting something up—they throw it up. Two red things two images doing tumblesaults or something. Inq.: Men threw acrobats up from a canvas.
III.	Is it man tearing something apart? (upper half body only).	Two men pulling at something. (whole figure)
VII.	Clouds.	Two dwarfs. Inq.: Smiling.
VII.	Two silhouettes of Indian women with feathers in hair looking at each other. Inq.: Gossipping.	Two native women facing each other exchanging gossip. Indian feather in hair. Inq.: Standing on a rock.

This freer utilization of the M in a qualitative sense points toward the lessening of the impoverished inner creative life which is so characteristic of depression.

Z is scored where two or more details are organized into a larger, meaningful whole; it gives an index of the energy at one's disposal. Beck[2] found that depressives had characteristically low Z scores: 25 or below. While our post-shock records still retain the low Z of the depression, the quantitative as well as the qualitative change in the two sets of records is impressive. Comparison of the Z scores on the nine records with sustained improvement shows an increased Z score in six of the records, no change in two, and a lessened Z in only one.

Examples

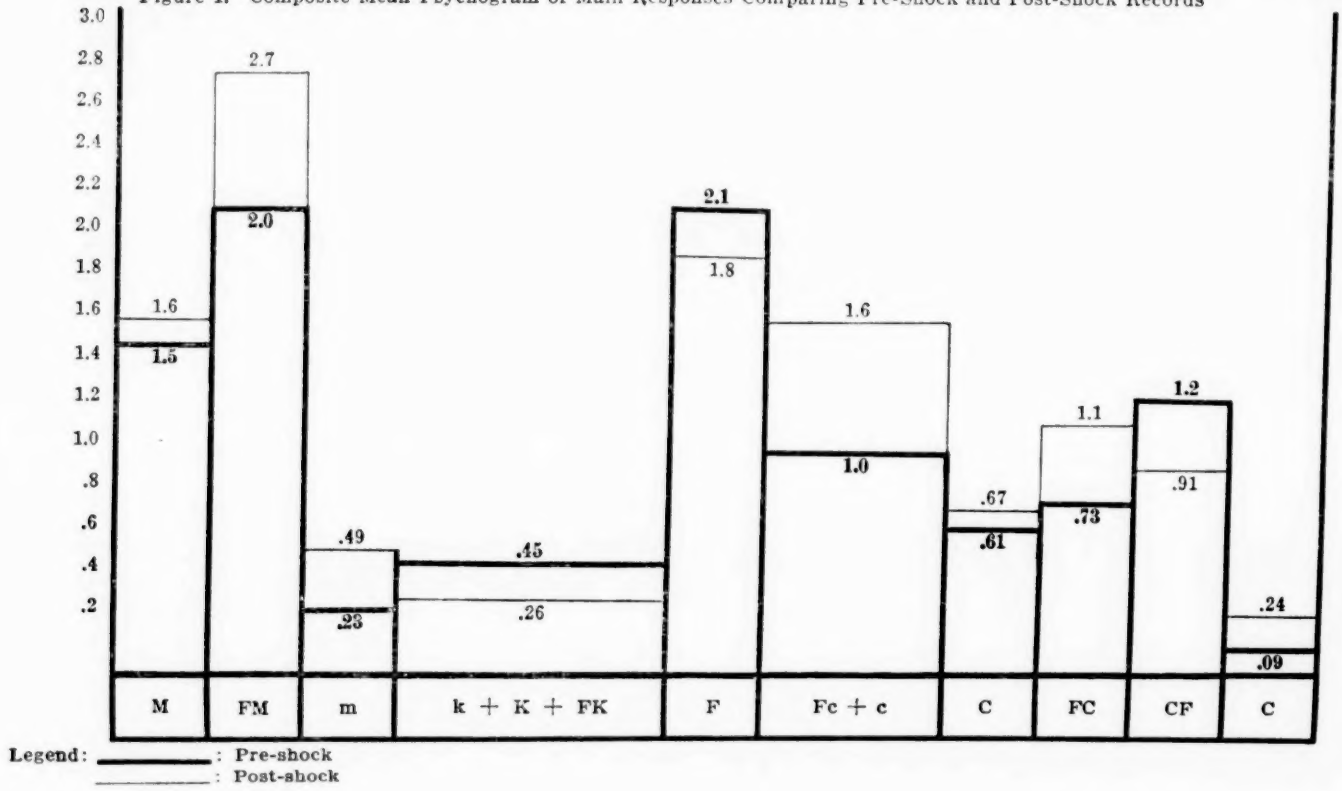
	Pre-shock	Post-shock
VIII.	Looks like two figures—not bears, maybe bears. Z-O	Looks like animals; very clear—like animals looking or climbing a tree. Z-3
II.	Two clowns' hats—clowns' hats—trying hard to think—clowns' hats. Z-O	What did I answer other one? A bat? No, more like two clowns clapping hands. Hat shape and color. Z-4.5
III.	Supposed to resemble something? I can't see any sense to this. Z-O	Two men dancing together. Z-4.0
V.	Some kind of animal—just the head and the legs—rest I can't make out. Z-O	Looks like a donkey, all I can see, with head and feet. Z-1.0
II.	Two dogs, head and neck. Z-O	Two dogs holding up something. Z-3.0
I.	Looks like hat—is it? (Small area used.) Z-O	Looks like a bat. (Whole area.) Z-1.0

The more effective release of intellectual energy, as indicated by the increased Z factor in these examples, corresponds to the clinically observed diminution of the depression.

As for the color responses, it is found that 17 out of a total of 35 cases have FC present in either the performance proper or the inquiry of the pre-shock protocols. The psychological difference between the complete absence or rejection of color on the one hand, and its use in the inquiry rather than the performance proper on the other hand, seemed to justify grouping the records for purposes of this analysis, especially since all the records were so meager in total number of responses. In the records of the nine patients under discussion, six (two-thirds of the group) have at least one FC in the main performance or additional inquiry in the pre-shock records.

Extending the color responses to include CF as well as FC, one finds that 24 of the 35 pre-shock records exhibit either one or both of these. In the nine cases, it is found that eight use color meaningfully. The one record that does not have a scorable meaningful color response does have indirect color comment. Definite support is, therefore, indicated for consideration of the presence of meaningful color responses as a favorable prognostic sign. Analy-

Figure 1. Composite Mean Psychogram of Main Responses Comparing Pre-Shock and Post-Shock Records



sis of the M and Z changes in the group of sustained improvement cases points to consideration of increased Z, and changed quality of M, in the ways noted in the foregoing, as favorable indications for *continued* improvement.

In conclusion, it should be stressed that the trends reported here are merely suggestive in view of the small number of cases and the small numerical differences in the quantitative data. Furthermore, while some of the more severe psychotic manifestations tended to clear up, according to the Rorschach criteria, the *composite structure* of the personality (Figure 1) in the post-shock condition is essentially the same as it was in the pre-shock condition. The writers would, therefore, infer that electric shock therapy in and by itself does not penetrate the deeper strata of the personality of depressed patients but does serve to activate their social responsiveness and receptivity, and to enable them to utilize their intellectual resources to better advantage.

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CURRENT TRENDS IN PSYCHIATRY AND SOCIAL MEDICINE AS OBSERVED AT THE INTERNATIONAL CONFERENCE OF PHYSICIANS*

BY FRANZ J. KALLMANN, M. D.

The International Conference of Physicians, which furnishes the main topic, or at least the immediate background, of this report, was held in London during the second week of September 1947. It was arranged by the Royal College of Physicians under the sponsorship of the British Ministry of Health, and was organized in eight sections which met in different and rather widely scattered locations. The eight sections were those of general medicine, cardiology, chest disorders, dermatology, pediatrics, neurology, psychiatry, and social medicine; that is, they included all major fields of medicine except those mainly concerned with surgery.

The attendance was restricted to physicians, or more precisely, to the 1,300 members of the Royal College and to the professional delegations of 29 invited nations. No invitation had been extended to Germany; and the Russians, who had received and actually accepted an invitation, did not appear.

Of the 120 invited speakers, 80 were British, and 40 came from other countries, including four from the United States, one each in the sections of pediatrics, cardiology, social medicine, and psychiatry. In the section of psychiatry, 15 of the 21 invited speakers were British.

In addition to an almost continuous series of evening receptions and nightly social gatherings, there were two general symposia, in which all sections participated. They were on pain, and on penicillin and streptomycin. The latter symposium was held under the chairmanship of Lord Moran, the president of the conference, who acclaimed penicillin as "the chief modern contribution of English medicine" and as an achievement that "has made lust safe for democracy." There was agreement on the excellent results obtained with penicillin in the treatment of syphilis and gonorrhoea. The highlight of this symposium was a report made by Sir

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Alexander Fleming, the discoverer of the drug. He stressed that penicillin should be given only when the infecting organism is known to be sensitive. His emphatic warning against indiscriminate use of the drug was based on the observation that it seems possible, though not easy, to render a sensitive organism resistant.

Since the writer's presence at the conference was in an active capacity rather than in that of a strategically placed observer, the need for selectivity in this report on the regular scientific sessions held during the day will be readily understood. The writer was able to attend only the meetings of the sections of psychiatry and social medicine, although there was ample evidence that the scientific spirit and impressive organizational efficiency, prevailing in these two sections, were fully representative of the proceedings of the entire conference. During and after the meetings the writer had, and thoroughly enjoyed, the opportunity to meet scientific workers from all over the world and from practically every branch of medicine. After the close of the conference, there still was enough time to visit a fair selection of psychiatric and genetic institutions in England and Scotland, in order to round out impressions on current trends in British psychiatry and social medicine —a term, by the way, which should not be confused with "socialized medicine," since it is the British version of what we would call here a combination of public health, mental hygiene and medical genetics. In any case, since the writer spent altogether less than three weeks in the British Isles, he does not pretend to present more than a kaleidoscopic account of selective observations and personal impressions. In other words, if this report should appear too partial or too limited in scope, it will be because of the physical limitations of an individual traveler, handicapped by poor transportation and living conditions, rather than because of any particular bias on his part.

Regarding the general background of the conference, as supplied by European medicine and British psychiatry, it seemed significant that this international conference was held at all, that it was held at the given time, and that it was held upon the initiative and invitation of British organizations. The last international congress of this kind had been arranged in London in 1912, at a time when the peace of the world and the undisturbed progress of the sciences were threatened by events foreshadowing the First World War.

The political star role of official guest speaker, this time given to Winston Churchill, was then held by Sir Edward Grey, the British Foreign Secretary and one of the original sponsors of the first League of Nations. Both speakers paid eloquent tribute to the success of the medical profession in fighting disease, but they also stressed the important part to be played by medical men in promoting good will and world citizenship, in making health rather than disease contagious, and in eradicating ignorance, selfishness and national allergies. Mr. Churchill urged that all the people in this world should be enabled to benefit fully and as soon as possible from the remarkable progress made in modern medicine and the promotion of public health.

In the writer's belief, one of the main achievements of this conference was that of bringing together not only medical men working in different countries in the same field of medicine, but also men from different specialties and "super-specialties." We all know that medicine in general and psychiatry in particular have recently been in danger of becoming confederations of over-specialized, loosely connected and sometimes disrelated disciplines. Each of these divisions and subdivisions has developed its own technical language, has organized its own societies, journals and teaching centers, and is using its own brand of scientific definitions. For obvious reasons, the resultant difficulties are multiplied on an international basis, especially during and after a long war. It is evident, too, that only a well-planned series of international meetings can be expected to overcome these difficulties.

Parenthetically, it may be mentioned in this connection that a certain but widely-conceded measure of success in the difficult task of evolving a broader and more generally applicable system of modern psychiatric principles has been one of the main reasons for the increasingly strong position held by the New York State Psychiatric Institute in current international psychiatry—a science which is liable to revert to a back-seat role in this unattractive postwar era of political tension and economic frustration. During the past decade it has been possible at the Psychiatric Institute for a sizable staff of psychiatric research workers with many diversified interests to work peacefully under the same roof, tolerant, if not appreciative, of each other's contributions to the common search for truth and scientific progress. Biochemists and psychologists,

geneticists and psychoanalysts, endocrinologists and child psychiatrists have had an opportunity to test and exchange their views in an atmosphere of almost unbiased harmony. Under the directorship of an eclectic and broad-minded scholar, there has been no encouragement of any attempt to cut corners and to look for superficial solutions of evidently complex problems. The generally-accepted basic ideas have been that man may be both the architect and the product of his social and cultural environment, that human maladjustment can be the result of a vast multiplicity of causes, and that a more profound knowledge of normal and abnormal personality development is needed, even if various empirical methods of psychiatric treatment have proved to be relatively effective.

Another reason for the growing prestige enjoyed by American psychiatry and this institute throughout the world—with the possible exception of Russia—consists in the present inability of psychiatric institutions in Great Britain and other European countries to maintain long-term research projects for the integration of a rapidly-increasing mass of new scientific data. In the last analysis, a country tends to have the quality of psychiatric service which it needs, which it deserves, and which it can afford. Despite certain political changes and severe economic problems, England continues to be essentially a nation of middle-class people, thrifty, conservative, emotionally controlled, and not given to speculation. Accordingly, very few of the British medical schools have separate departments of psychiatry, and no centralized system of psychiatric care has as yet been developed by the state. The psychiatric teaching centers which do exist are substantial and on a high academic level. Most institutions are old, but full of valuable tradition. The resident physicians are well trained in general medicine and basic sciences and seem surprisingly familiar with scientific methods and international literature, including our own.

The one field, in which the progressive leadership position of British medicine is still unmatched, is that of *social medicine* as part of a broad and constructive public health program built on the biological foundations and the many social implications of medical genetics. On such a basis of biologically-developed conceptions of the nature of positive health and ill-health, social medicine has been defined as medical science in relation to groups of human beings. According to Crew,[1] it is to be distinguished from clinical

medicine including psychiatry, which is the science of the physically and mentally sick individual, and should not merely be identified with preventive medicine, which is medical science applied to the elimination of sickness by appropriate social and collective procedures. It includes preventive as well as industrial medicine, because it is rooted in both medicine and sociology and aims at the application of medical and sociological concepts and methods to group problems of health and disease. In addition, however, social medicine is concerned especially with the study of all social agencies which promote or impair the fullest realization of biologically sound and socially valuable human capacities. It is concerned "with the analysis of the social environment in relation to abnormal personality development and the prevalence of morbidity and mortality; but it is also concerned with the study and promotion of all social agencies which are propitious to maximum health in the widest sense of the term" (Crew).

In its broadest connotation, therefore, social medicine becomes the practical application of the concepts of medical genetics within a social-minded public health scheme. It takes cognizance of the fact that basically-uniform patterns in the organization or disorganization of physical and mental health are complex biological phenomena determined by genetic mechanisms, and not merely the equivalent of the providential absence or presence of poverty, pathological micro-organisms, or emotional strain exerted by the prevalence of social imperfections in the structure of modern society. The ability to be physically healthy and mentally adjusted is to be viewed as a vital psychosomatic function in the biological process of personality integration, which never ceases to be subject to the laws of organic existence and structural growth and, therefore, cannot simply be explained in terms of culture-personality problems emancipated from the bondage of inherited biological predispositions. The capacity for maintaining organic life on the human level is a unique expression of the attainment of human status in the evolutionary development of man's mental equipment and cultural setting, which are neither self-perpetuating forms of life nor able to exist in a biological vacuum.

All of these human capacities are basically dependent on the common denominator of hereditary potentialities. They are known to show many graded variations in relation to the ability to main-

tain a state of physical and mental health. It is a fact that similar responses of a normal or pathological variety are produced by similar environmental circumstances only in a certain number of persons exposed to them. It may always be possible, of course, and often be correct, to find some causal connection between a case of epilepsy and a fall from a ladder, or between a suicide and marital maladjustment, or between a schizophrenic psychosis and disturbed family relationships, or between an acute case of pulmonary tuberculosis and a ride in an overcrowded subway. Medically it should be of equal interest, however, that many persons are able to adapt themselves to precisely the same set of hazardous circumstances without the occurrence of pathological reactions. Unfortunately, so little is known as yet of the biological phenomena by which such processes of adaptation are achieved, that the present disharmony between our vast knowledge of the inanimate things which surround us and the deplorable ignorance about our own biological needs is certain to constitute "a danger that may well destroy the foundations of human culture" (Crew).

In the British version of social medicine, the staff of a typical state or university health department includes not only the regular specialists in public health, epidemiology and industrial medicine, but also specialists in social biology and social psychology, demography and medical genetics to form an integrated group backed by a strong statistical laboratory. Familiarity with statistical methods is expected from every research worker in social medicine and public health, although it is not considered the basic requirement for qualification. The support of expert statisticians with specialized mathematical knowledge and facilities is supposed to be available to them at all times, since "mathematical ability is not regarded as a substitute for scientific interest in the biological and social problems of man" (Crew). Of course, medical research workers should not be afraid of figures, and vital statistics should always be used as the most reliable yardstick of public health. As has been stressed by Crew and other medical geneticists, however, a skilled mathematician who lacks an inclination for biological or social studies cannot be expected to be capable of making a substantial contribution to social medicine, save in an advisory capacity. It is probably no coincidence that the first two university departments of public health and social medicine in Great Britain,

those in Birmingham and Edinburgh, are headed by medical scientists who gained experience in population statistics through many years of work in human genetics.

From the American point of view, one may argue about the adequacy of the term "social medicine," which apparently was chosen in England in order to indicate complete dissociation from the particular German brand of eugenics which was discredited by the Hitler régime. Here one would also be inclined to question the desirability of placing the promotion of physical health and of mental health in one unified department. There can be no doubt, however, that these two main agencies of public health should be organized along similar scientific and educational patterns to assure co-ordination of their positive health objectives as delineated by social medicine and medical genetics. It is equally certain that the interests of the psychiatric profession and the activities of independent departments of mental hygiene should not be limited to the treatment and institutional care of the mentally ill, but should be extended to the study and advancement of the most basic biological principles essential in the maintenance of mental health and in the reinforcement of the emotional stability of the general population.

For obvious reasons, psychiatric field workers are among those most frequently consulted in matters of marriage, marital maladjustment and mate selection; of family morals and family size; of the advisability or inadvisability of having children at a certain time, at a certain age and under different conditions of family taint and socio-economic strain; of occupational hazards and aptitudes; and of the many biological problems of child education, of adolescence and of aging. All of these problems are known to have important constitutional implications and, of course, are closely related to the welfare and mental health of present and future generations. Nevertheless, little or no methodical instruction is offered on any of these topics either in the curricula of medical schools or in training courses for institutional staffs. The consequence is that many psychiatrists remain rather indifferent toward the innumerable social and biological problems involved. They seem to be expected to generalize from individual experiences so that some may actually be able to project their own prejudices and rationalizations into matters of greatest significance for the entire society.

Especially in regard to the mental health aspects of human inheritance, it is well known that even many intelligent and academically trained people have been unable so far to acquire complete immunity from one of the most obdurate taboos of modern civilization. In order to prove this point, it is necessary only to ask a group of workers in psychiatry whether and how long after treatment a recovered schizophrenic woman may have her first or another child, or whether the sister of a choreatic patient may safely consider marriage to the son of an epileptic, or under which conditions childbearing may be expected to have a beneficial effect upon the emotional instability of psychoneurotics. In reply to any of these questions, one is likely to receive as many different answers as there are psychiatrists in the group. In fact, it is the rule rather than a rare exception that if one asks a class of graduate students or nurses whether the sex of a person might be somehow determined by laws of organic inheritance, about half of the class will be embarrassed and look out of the window, while the other half will timidly reply in the negative.

The obvious need for an extension of general health education and biological research to all the basic problems of human personality development was one of the main topics discussed in a symposium on "Social Medicine in the Curriculum" at the London conference.[2] The other symposia of the section of social medicine were on the "Care of the Aged" and on "Social Surveys," the latter in conjunction with the section of psychiatry. The consensus of a great number of distinguished speakers was that medical instruction in the past concentrated too much on individual pathology and thereby neglected individual health factors, the prevention of disease, and the pathology of the community; that in a world undergoing rapid social changes very few things seem so stable and so slowly changing as the medical curriculum; and that social medicine should not be treated as a new specialty but as a new way of approach to all medicine. There was also agreement that the longer life span of man in our time should mean a longer period of useful service to the community, and that insistence on early retirement from work is bound to deny many potentially employable persons fulfillment, happiness, and health.

The remaining three symposia of the section of psychiatry were devoted to the "Psychodynamics of Depression," the "Functions

and Connections of the Frontal Lobes in the Light of Personality Changes After Prefrontal Leucotomy," and "Genetics in Relation to Mental Disorders." The general conclusion to be drawn from the expert reports of LeGros Clark (London) and Rylander (Sweden) was that our present knowledge of *frontal lobe functions* does not yet suffice to offer a really authoritative explanation of the sometimes remarkable results observed in certain chronic psychotic cases following neurosurgery. The interpretative theory of Mayer-Gross, one of the British pioneer workers in the field, that "leucotomized patients are supplied with a new frame of personality," elucidates this difficult new problem of modern psychiatry to about the same extent as would the statement that "streets are wet because it rains."

Still less pronounced were the feelings of comfort and elucidation derived by a large and critical audience of psychiatrists from the interesting but rather inconclusive discussion of the *psychodynamics of depression.* Although all the main speakers were British and members of the same school, they widely disagreed in their concepts and definitions of what a depression is, and especially in regard to the need of distinguishing between neurotic and psychotic types of depression, or between reactive and endogenous depressions. Only Clifford Scott accepted Munro's distinction between "normal" and "morbid" depressions, apparently based on the analytical ability or inability of the investigator to discover a common set of depressing circumstances in the life history of the patient. According to Scott, the occurrence of "morbid" depressions in later life is always determined in infancy "when the child fuses the mother whom it loves with the mother whom it hates." In biological terms, he might have stated with the same degree of authority that a child must have a mother and must pass through infancy in order to be able to develop a depression as an adult. In accordance with clinical observation and basic genetic theories, it was stressed by most of the other speakers that people differ in emotional vulnerability, that is, in their constitutional capacity for adaptability to frustration. Psychobiologically there seemed no sense in classifying, as a "normal" state of mind, any depressive reaction which clearly impairs the ability of a person to adjust emotional self-control to the ordinary needs of self-preservation and community life.

The biological basis of adjustive differences in man was the topic taken up in the fourth symposium, that on "Genetics in Relation to Mental Disorders." To cover the entire range of mental deviations, the report on the genetic aspects of mental deficiency had been assigned to Roberts, that on psychopathic personality to Slater, and that on the major psychoses to the reviewer, while Sjoegren (Sweden) had been requested to report on the organization of surveys for the collection of representative general population rates for the various types of mental disorder. All four assignments were carried out to the apparent satisfaction of the official discussants, Penrose and Aubrey Lewis, and also to that of everyone else who spoke on the subject. Comments on what was called by *The Lancet*[3] the writer's "unrivalled twin material" were mixed with envy, because it was clear to everyone that a material of this size could be assembled only with the active and well-integrated co-operation of such an extensive and scientifically minded state hospital system as we are fortunate enough to have in the State of New York.

With respect to the inheritance of mental deficiency, Roberts offered a simple solution for the problem of replacing the disputed criteria for distinguishing the old categories of "primary" and "secondary" defects. He presented evidence of multi-factor inheritance for the group of high-grade defectives with I. Q.'s over 45, considered by him the "tail end" of the normal distribution curve of intelligence. This group was distinguished by him from low-grade defectives with I. Q.'s lower than 45 due to brain damage, which may be produced either by the effect of single genes or by that of external factors interfering grossly with brain development.

Multi-factor inheritance was also assumed by Slater to be responsible for the greater part of variance in temperamental traits and psychopathic personality deviations, defined by him as the expressions of abnormal personalities who suffer under their abnormalities or cause society to do so. He considered it inadvisable to use changing social values as the criterion for diagnostic classification. His contention was that the development of a clinical syndrome of "psychopathic personality" has led only to confusion and to a strictly artificial distinction between psychopathy and psychoneurosis. According to Slater, there are fundamental analogies

between the two classifications. Besides, an individual patient may appear first as one and later as the other.

In the writer's own report, an attempt was made to bring out clearly and distinctly that schizophrenia, although plainly based on a specific, inherited predisposition, can be both prevented and cured. Therapeutically, the most effective procedure would seem to consist in a true duplication of the biological defense reactions of a strong constitution, which protect a potential schizophrenic from developing any, or a progressive, psychosis. Since it is a clearly established fact that some schizophrenic processes either are spontaneously arrested or remain completely undeveloped, it is equally certain that whatever takes place in the mobilization of the constitutional defense mechanisms of such a person can be identified morphologically and somehow duplicated biochemically. The realization that our understanding of the gene actions of constitutional modifiers is still very incomplete should merely be an incentive to more concentrated attacks on the complex biological problems involved.[4]

In schizophrenia, as well as in other mental disorders based on inherited predispositions, the rationale of any treatment depends plainly on the etiology of the disease. There is no inherited disorder that is incurable simply because it is hereditary. The persistently presumed analogy of inheritance and incurability is only a reflection of deep-seated general pre-conceptions and rationalizations which still prevail in relation to the implications of heredity. With respect to symptomatic therapy it is evident that the contingencies of inheritability and curability are virtually unrelated. As far as the prospects for a causally directed treatment are concerned, one can hardly expect to find a cure through the simple device of minimizing the effect of heredity in a strictly inherited condition. For the purposes of successful therapy it will be more essential to determine how a morbid genotype is chemically constructed, under which conditions it will be able to be fully expressed, and to what extent its expressions may be controlled by constitutional resistance factors.

Apart from animal experiments, the only experimental method available for such investigations is the *twin study method.* At the present state of knowledge, the most urgent need is for the organization of long-range studies of monozygotic twin partners, who are

still discordant as to the earliest stages of certain types of mental disorder. It should be generally known by now that such twin pairs are of incalculable value for scientific investigation, that their occurrence is rare, and that the failure of any physician to arrange without delay for their thorough examination would seem to represent a rather serious offense of omission. For obvious reasons, the magnitude of the task demands centralization of twin studies in a few specially equipped institutions. It is also clear that the emphasis of future twin investigations should be on the cause of certain differences found in psychotic twin pairs rather than on establishing the fact itself that significant dissimilarities in constitutional resistance occur in similar genotypes.

It is very likely[5] that there are "easier and quicker opportunities for satisfying the investigator by achievement" (Little). There can be no doubt, however—and in view of observations at the London conference the writer is even more convinced than ever—that properly organized long-range twin studies will be necessary to provide the sound foundation of experimental fact on which psychiatry can surely rely.

There is no more vital objective than that of discovering the basic truth about the biological phenomena which control man's mental health and the emotional stability of future generations; but for many years to come it should be realized by all of us that such long-range studies can only be carried out in this country. The realization of this fact places heavy responsibilities upon all American research centers. It is now up to them to make the best of this unique and privileged opportunity.

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THE YEAR IN REVIEW—1948

BY PAUL O. KOMORA*

The outstanding development during the year 1948 in the Department of Mental Hygiene has been in relation to its postwar building program. After a long period of waiting upon the hoped-for change in conditions in the construction field, especially with reference to building costs, Governor Thomas E. Dewey decided, in November, to wait no longer for inflated costs to come down but to go ahead full speed with the construction of new buildings at a number of mental institutions where the need for new facilities is most acute. This will mean asking the legislature for new funds in addition to those already appropriated from the postwar reconstruction reserve.

The construction projects for which appropriations based on 1940 estimates have been made will when completed provide 15,737 new beds. In addition to housing for patients, the legislature has also provided funds for the construction of new service facilities: power plants, storehouses, laundries, shop buildings, and many service betterments which have been needed for a long time. It is gratifying to know that the governor has given the signal for work to begin, and the Department of Public Works is proceeding with the procurement of construction bids on many of the projects. Fortunately, some of the forces which have operated until now to hold up construction, such as shortage of building materials and lack of sufficient skilled labor, have begun to show signs of easing up.

Fortunately also, the prospects for manning the new facilities when ready are distinctly better than they were two or three years ago. The markedly improved trend in employment in our institutions reported a year ago has continued, as the following figures show. On March 31, 1948 there were 21,000 employees, in all categories, out of a total quota of 24,030; whereas at the close of the calendar year, December 31, 1948, some 22,414 positions were filled out of a quota of 25,604.

It is particularly encouraging to see the shortage of ward personnel dwindle from 21 per cent in relation to quota during the

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fiscal year 1946-47 to 12 per cent in the fiscal year 1947-48; and to note a steady increase in the enrollment of students in our schools of nursing; from a total of 394 men and women on March 31, 1947 to 440 on March 31, 1948.

Not only are the numbers of ward personnel rising but the quotas have been increased, as in occupational therapy where the division of the budget has allowed 310 new positions in addition to the 300 previously available in this category. A concerted effort has been inaugurated to recruit occupational therapy workers to fill all vacant positions in two institutions, which are serving as "pilot" centers, in order to show by demonstration the values inherent in a fully-manned occupational therapy program from the standpoint of total treatment of patients.

"Man does not live by bread alone," but it is a mighty important item in the diet of most mental patients, as studies of the department's division of nutrition and food service have shown. A noteworthy event in the activities of this division during 1948 was the production of a new loaf of bread as a result of experiments conducted in several institution bakeries with formulas developed with the aid of researchers at Cornell University and the American Dry Milk Institute. The new bread has been tested for its nutritive value on animals and humans, and its great superiority over the average commercial loaf has been amply demonstrated. It has a fine, golden brown, tender crust, and has excellent "spring," texture and grain. The interior color of the bread is slightly creamy, and it has a rich savory flavor. By the introduction of this improved bread in the state hospitals and schools it will be possible to provide in a simple, practical, inexpensive way, additional amounts of certain food elements in which the ordinary human diet is frequently deficient. Supplementing efforts to improve the bread formula, were the revision and development at one of the institutions, by a research assistant employed by the department for the purpose, of some 200 standard food preparation formulas, as a further step in the standardization of food preparation and service.

Another notable development in this field was the opening, on October 11, 1948, of the special school built and equipped at Hudson River State Hospital as a permanent training center for the food

service personnel of all the mental hygiene institutions. Provision was made for regularly scheduled lectures and class work and for laboratory demonstration and practice in large-scale food preparation. The nutrition and food service program has a four-fold objective: (1) to develop high standards of food preparation and service in the state institutions, (2) to develop efficiency in the use of food supplies, with emphasis on principles of good nutrition in all phases of menu planning, (3) to maintain preventive measures against food-borne disease through food sanitation, and (4) to create maximum safety in kitchen operations through the proper use of equipment.

Training activities continue to strike a major note in the department's program under all headings. The psychiatric resident training project is in its third year, thus augmenting annually the body of medical personnel in mental hygiene institutions; the postgraduate courses for physicians, our own and others, continue at the Psychiatric Institute. Recruiting and training go hand in hand in efforts to interest students from schools of social work—by field training in our institutions, by apprenticeship appointments, and by paying for three months of training of students at schools of social work whom we try to attract to service in mental hygiene institutions. Our institutions provide clinical training to students from university schools of occupational therapy. Plans have materialized for in-service education for all levels of nursing personnel.

With regard to the latter, three developments are especially noteworthy, namely: the four-week school conducted for principals and chief supervising nurses for the purpose of taking stock of the whole nursing situation in mental hospitals and to review the knowledge gained and the progress made during the war years; the series of "work shops" being held periodically in various regions of the state for the higher levels of nursing personnel to consider ward service and teaching problems and new trends and therapies in the care of patients; and the preparation of an authoritative training manual for ward attendants.

The social service program of the institutions developed markedly during the past year, in training and practice, and it is interesting to note its increasing scope. The medical staffs, for in-

stance, are making requests for social service from the time of the patient's admission until his discharge, as they appreciate the value of case work services with the patient's family during the patient's illness, and other similar service for the patient himself is needed. In addition to the case work services the social workers have participated in group therapy with patients, and in the screening and training of volunteers for various activities in the institutions.

The department's outpatient services have continued in slightly increased volume during the past fiscal year. A total of 164 child guidance clinics was held each month under direction of the bureau of prevention; and a total of 110 communities in the state was served by the department's eight clinic teams. In addition, some 63 child guidance clinics were conducted each month in a total of 26 communities served by personnel from 11 state hospitals and schools in the department. Moreover, at least 14 institutions gave clinic service, other than child guidance, to 47 communities, making a total of 25 institutions giving adult and child guidance clinic service to 73 communities. On account of the increasing emphasis on the therapy aspect of child guidance clinic work, a greater number of cases was carried on a treatment basis during the past year, and fewer cases were referred for diagnostic purposes only.

Noteworthy in this connection, is the program embarked upon by the United States Public Health Service under the Federal Mental Health Act for the promotion of community mental health services in the various states. New York State is beneficiary under the act to the extent of $281,700, which is the largest of the grants-in-aid allocated to the states for the federal fiscal year. This fund is being administered by Commissioner Frederick MacCurdy, M. D., of the Department of Mental Hygiene, who is the state mental health authority designated by the Public Health Service to distribute the fund. Grants have so far been made to a dozen or more community mental health projects in New York State.

Even more significant, are the intimations of a broad over-all state mental hygiene program which it is expected will be recommended to the legislature by Governor Dewey with a view to broader and more fundamental action by the state looking to the

more effective control and prevention of mental disorders. It will be a program of treatment, training and research on a more comprehensive scale than ever before, to be developed according to a "master plan" now in preparation under the direction of the commissioner of mental hygiene.

Department of Mental Hygiene
Governor Alfred E. Smith State Office Building
Albany 1, N. Y.

QUOTH THE PATIENT, "NEVERMORE!"

BY RONALD WYATT

My doctor merely talks to me
About the way I ought to be
Asking questions that shouldn't be
Allowed—out loud.
I hate his smug complacent ways
Of always grunting, while I'm hunting my yesterdays.
His fingers formed in Gothic stance
Sitting in his Jungian trance
Grunting slowly and drinking in
All my scandalous pre-natal sin.
What I need is a magic potion
To soothe my soul like Jergen's lotion
I think it would be cheaper,
To stop, and dig no deeper—
To leave this man in peaceful bliss
To Freud and psychoanalysis
Steal softly out the office door,
And worry, never, never more.

Box 108
Hollywood 28, Calif.

EDITORIAL COMMENT

HAPPILY EVER AFTER?

Among other unlikely legends of the Golden Age is the story that once upon a time in the land that is east of the sun and west of the moon there was a happy country in which all parents were satisfied with the delightful and improving tales told their children. This joyous land, of course, must have been further away than far, and longer ago than ago—for the dust of ages in the Valley of the Kings stirs with uneasy whisperings of elders who once thought the dismemberment of Osiris was no fit bedtime story; and the soft winds of Arcady sigh over old, old nightmares where the Gorgons' wings flashed gold and the snaky locks of Medusa hissed about a bloody and severed head.

And so it has been for all the ages we know, since banshees wailed in the starless night of a far green isle and the great sword of Finn of the Couls was hammered out on a highland forge by a black and shapeless thing without a name. So it also was in much nearer days—days when "Zachary he did climb a tree Our Lord to see," to end the Puritan child's toilsome road from "a" to "izzard," but days too when, with primer stories laid away, terror crept from the fields and woods to bring death through the frightened children of Salem.

One does not know precisely when, with the witches long since dead and a stern people's victory won, the realization slowly began that the tales then read by candlelight, the dangers of *Pilgrim's Progress* and the flames of the *Holy War,* were somewhat less than well-suited for children. But it must have been about that time that Mother Goose stirred in her uneasy slumbers in the midst of happier people to revive jingle and rhyme, and some of the age-old folktales in less horrendous version than before.

Mother Goose and fairy tales, however, came under parental disapproval in more recent generations; and it is the children's literature—the spoken, written or pictured tale—which has won parental disapproval which is of chief interest here. And it should be remarked that this covers most of the field, for parental approval of what children themselves have preferred to read has been more often withheld than given.

We may consider the literature that we, our parents and grandparents had as children. One may omit the "*Rollo Boys,*" "*Little Lord Fauntleroy,*" "*Little Women*" and other parents' choices. The favorite literature of youth's own choice was different. It was read on the sly. Some of us—like our parents before us—sneaked our forbidden books into the attic or, if we were lucky, the hayloft. If we read without interruption, we were considered lucky a second time.

This particular forbidden literature was of the school of blood and thunder; its tales were for younger readers than *Fanny Hill* or *Only a Boy,* the forbidden "dirty" stories which in those days served for adolescent sex education. Its titles were *Nick Carter, Diamond Dick, Pluck and Luck, Wild West, Young Buffalo Bill;* and its heroes were good men and bad men of the old Wild West and other lands of near-contemporary thrill, adventure and danger.

Those of us who recall those days will also recall that for some reason this reading matter was looked upon with disfavor by adults, particularly mothers. We remember with a deep sense of personal injury that we have never learned the fate of *The Wild Man of the West* since he was snatched from us just as he charged alone into a band of screaming Sioux, waving his two-handed sword. And only good fortune enabled us to follow to the noisome plague pit *La Masque or the Midnight Queen,* a charmer of King Charles II's day who had the misfortune to be born with a bare skull instead of a face.

It might seem incredible to the elders of our own youth that we should look back with longing toward such literature or that we should welcome a return of the good old dime novel days. But our own elders had never seen a modern comic book; the comic book was not even a bad dream of the future in Nick Carter's heyday. And the comic book would have been an exceedingly bad dream indeed, in Nick Carter's or any preceding literary day.

If *Alice in Wonderland* is, as seems well established, mildly schizophrenic, the comic book is schizophrenia of the process type. Its hallucinations are wingless flyers, mechanical monsters, warriors from other planets, rubber and steel men, "omnipotent" children, sadistic human and demonic tyrants, disintegrating rays,

atomic blasts, space and time-defying "scientific" horrors of all kinds in a museum setting of stunted psychosexuality. And that, of course, is not the half or the tenth of it. We do not think elaboration is called for here on the fact that we do not like comic books or on the facts which have led us to dislike them. Efforts to do something about them have, so far, been ineffective, if not ludicrous. We have in mind, in the latter observation, the endeavors to disinfect, if not purify, some of the current comics by the appointment of advisory boards of educators, clergymen and psychiatrists—with the resultant appearance of an eminent child therapist as the implied endorser of a series in which the exiled Amazons of Greek mythology invade the earth from a neighboring planet to punish wicked man. The ensuing exhibition of female righteousness portrays extremely sadistic hatred of all males in a framework which is plainly Lesbian.

But what to do about the comic book is not the concern of this discussion. One assumes that it will be done and that psychiatry will help to do it, that if the comic book does not disappear altogether it will go underground and its reading will become surreptitious in whatever equivalents modern living provides for the barn loft and the attic. Our concern here is with the question of what will fill the comics' place.

We could not return, if we would, to the Alger books and the Henty adventure tales which, in our own youth, were the respectable attenuated forms of the dime novel Wild West yarns. Alger's heroes were not only sickening souls, but it is a question if their influence was not more poisonous to the generations which absorbed it than several times an equal dosage of *Diamond Dick* would have been. And both Henty and Alger are pretty well outdated. Neither can we expect to return modern children to *The Youth's Companion, St. Nicholas* or such semi-religious publications as *The Wellspring.*

Today's problem is further complicated by our young ladies. If the girls of older generations read dime novels, our memory is subject to childhood as well as infantile amnesia. But the very young bobby-soxers of today are as avid for the comics as their brothers. We should not care for the task of separating nine-year-old Jane or 11-year-old Dot from *Superman* to return to *The Bobbsey Twins* or *Pollyanna.* And one would not expect the

two—plus brother Bob—to leave atomic war on Jupiter in favor of *The Five Little Peppers*—even in favor of the fascinating *Adventures of Joel Pepper.*

The fairy tales of our ancestors have been under solemn ban of psychiatrist, educator, psychologist and religious leader for, lo, these two generations at least. Much of what the Brothers Grimm found in Teutonic folklore would nauseate a Nazi; the children's tales of our ancestors are based on infantile omnipotence, filled with primeval horrors and decorated with refined tortures and cruelties. They reward trickery, lying, theft, murder and double-dealing. A prince draws his sword and "wishes" and his enemies' heads fly off; a mother kills her little son and the father eats him; a queen is tortured to death by dancing in red-hot slippers; a thief wins a bride and a kingdom after stealing the cloak of invisibility, the sword of sharpness and the shoes of swiftness—and murdering their lawful owners.

Many of the deliberately contrived fairy tales are open to the same objections. *Puss in Boots* has no more moral sense than the folk-hero, *Jack the Giant Killer;* both kill for profit; either would have made a good twentieth century racketeer. And such synthetic stories as Hans Christian Andersen's gloomy and moralistic tales have little more to recommend them—although the objections to them are different.

We do not propose to enumerate exceptions to the generally objectionable totality of past and present children's literature. We are all familiar with at least a handful of works which are usually considered children's classics—Mark Twain's *The Prince and the Pauper,* Stevenson's *Treasure Island* and *The Black Arrow;* and Kipling's *Captains Courageous, Puck of Pook's Hill, Rewards and Fairies, Just So Stories* and *The Jungle Books,* if one can tolerate in the last two masterpieces beasts who behave like English public school boys. Also there is *Babar.* But these works are not only pitifully few in the vast multitude of children's books, but it may be doubted whether any of them could compete on equal terms for the attention of modern childhood with space ships, death rays, duck men and cat women.

If then, we take away the comic books, if the children's reading we can unreservedly recommend is of negligible quantity, and if we must withhold their traditional literature of folk tales—despite

high cultural and literary qualities—because of its psychopathological content, just what do we expect our children to read?

Frankly, we do not know the answer. And we cannot recall at the moment anybody else who pretends to know the answer. But we think that the answer must now be found, that it should, in fact, have been found many years ago, and that it is a particular charge on psychiatry to do something about finding it. It would be no more than recognition of a plain responsibility if our professional association, in co-operation with other groups, were to name a committee of child therapists and others interested in the problem to meet with educators, social workers and writers in an attempt to determine what children's literature ought to be and to see what can be done toward achieving a goal yet to be set.

It would be naïve to expect that ideal literature for children would result at once—or, perhaps, even ultimately—from such an endeavor. Besides the already complicated problem presented by reading matter itself, there are numerous other factors which must be taken into account. It would be of doubtful benefit, for example, to rid ourselves of comic books, if radio programs, moving pictures, and eventually television no doubt, were to continue the sort of entertainment we now find so objectionable—and so divert children from reading at all.

But we can reasonably expect from such a thorough survey in which therapists and educators collaborate some indications of the goal we should pursue and at least some guide posts for the road to it. And at the very least, we can expect from such a survey more authoritative judgments than we now have on the children's literature which is now available. Lacking matter which can be unreservedly recommended, many parents would at least welcome advice on what, of the reading we do have, would be the least of possible evils.

PRISON OR HOSPITAL?

Discontent with modern methods does not necessarily establish the basic superiority of the old. The physician whose wrist watch is out of order does not throw the thing away and endeavor to count pulse beats by the sun dial. And the specialist who has just lost a pneumonia patient does not hurl his sulfonamides and peni-

cillin through the hospital window and put his next patient on the old regime of prayer and packs of Denver Mud.

So it is somewhat amazing to see a psychiatrist (who seems to be depressed by the notable lack of perfection of the modern mental hospital set-up) advocate the junking of the whole painfully-attained and painfully-maintained system and a return for the majority of mental patients to custodial institutions which he would not call "insane asylums" but which would certainly be insane asylums no matter how heavily you powdered and scented them.

This presumably melancholy psychiatrist is Brian Bird, M. D., assistant professor of psychiatry at the School of Medicine, Western Reserve University, Cleveland, Ohio, and associate physician at the University Hospital, Cleveland. He is the author of a paper, "We Cannot Make Hospitals Out of Asylums," which is circulating currently in the *Trustee Forum* of The Modern Hospital Publishing Company, Inc., of Chicago. It is a remarkable little essay, dressing up, as it does, a very dead duck in a set of long-discarded and very worn feathers. And the cadaver remains unappetizing, regardless of the dressing.

The long-dead custodial institution which Dr. Bird would resurrect would be re-instituted as a means toward the objective of better care for the acute mental patient, an objective with which we are in the strongest sympathy, and for the proposed means of which, we have the strongest doubts. We not only doubt that the separate, acute hospitals which Dr. Bird recommends for acute mental cases are the best means of providing better care for them, but we firmly believe that the custodial institutions to which he would consign 75 to 80 per cent of the presently hospitalized—his estimate of hospitalized "chronic" cases—would be far worse for their inmates than any but the very poorest of our present institutions.

We agree with Dr. Bird that there should be active treatment units of the highest caliber available to the mentally ill. We disagree with his proposal to segregate "chronic" cases in institutions where—by the definition of "custodial"—such treatment will not be available. It is now intended in the law of most states to make such treatment available to every type of patient. We believe present efforts should be extended to make treatment available everywhere to all types of patients, in fact as well as in theory,

rather than withdraw the hope of it from those whose prognoses are against them.

We believe that an active hospital environment should be provided for the chronically ill. Who of us is to arrogate to himself the omniscience to decide what patients can or cannot possibly recover? "Chronic" patients sometimes do recover, as Dr. Bird himself notes in declaring that the environment he recommends for his custodial institutions "will promote gradual readjustment and will lead to rehabilitation to some of the group." We know that even arteriosclerotics with apparently irreversible brain damage sometimes make at least social recoveries; we all know of other instances where electric shock or insulin or psychotherapy—or even some happy change in environment—has brought about complete or social recovery of long hospitalized and apparently hopeless "chronic" patients.

Dr. Bird's proposal for the chronically ill carries its own condemnation in his stated objectives "to provide housekeeping care" and "seek a feeling of permanence." "Housekeeping care" and a "feeling of permanence" are characteristic of any good prison. The difference between present-day hospitalization for the "chronic" patient and the sort of care Dr. Bird proposes is precisely the difference between hospital care and imprisonment, between an indefinite hospital stay and a definite sentence to life imprisonment. It is also the difference between Purgatory and Hell, between hope however faint and utter hopelessness.

We cannot share Dr. Bird's high hopes for his custodial care institutions or his belief that they can be prevented from dropping into the category of second-class hospitals. He would provide "every facility that can be of assistance in psychiatric treatment" for his active treatment institutions; and "personnel of the highest skill in every rank and category must be employed." What sort, then, of medical staff does he believe could be recruited to care for his hopeless, "chronic" cases? Even a psychiatrist shares the ordinary human desire to treat an occasional case successfully. And what sort of employee would offer himself for work in such a funereal institution? From attendant to chief medical administrator, those intelligent enough and interested enough in the mentally ill to be fitted for their care, would be drawn to the active treat-

ment institution and repelled by the custodial. Certainly, adequate psychiatry would neither be encouraged nor possible in a purely custodial framework.

As for prevention of a drop in category of his institutions for "chronic" mental cases, we should like to see improvement in the institutions for chronic medical cases which he cites as models—"nursing homes, boarding homes, convalescent hospitals, hospitals for incurable diseases, homes for the aged or infirm"—before considering this aspect of Dr. Bird's experiment. At this very time, those institutions generally are in such state that the profession is endeavoring to raise their standards of care. Commissions to that end have been set up in certain places. There is strong argument that these institutions should be brought into the general hospital setting as a means of improving the lot of their patients. Why should we then sentence the majority of our own patients to this unpleasant fate? What would be the mass therapeutic effect?

Too, we cannot share Dr. Bird's belief that the need for such institutions would be reduced as the improved hospitals for acute disorders treated their patients "for from one week to three or more months," discharging 70 to 80 per cent and passing on only 20 to 30 per cent for continued custody. First, we should like to see even one institute or psychopathic hospital able to discharge into the community 70 or 80 per cent of unselected patients—even after much longer treatment than Dr. Bird proposes—and, second, we should like to know how active treatment hospitals can reduce the increasing numbers of arteriosclerotic and senile patients we are receiving from an aging general population. Finally, the boarding home program, to which he looks hopefully, is a tested endeavor, of which we are in favor; but it does not reduce overcrowding where that exists to the greatest degree.

In the modern public mental hospitals with which we ourselves are familiar, the counts in Dr. Bird's indictment do not apply. That is, in those we know, segregation is based on condition, not diagnosis; separate units are provided for reception, for acute medical and surgical cases, for the disturbed, for the infirm, and for the application of shock therapy; new patients are not "lost" by intermingling with "chronic" cases; and emphasis is on the new patient, on active therapy for him, and on convalescent care service. Dr. Bird does not document his statement that confusion

and inefficiency are caused by the presence in one institution of acute and "chronic" cases; and he could not do so in our institutions. All experience indicates that the acutely ill can best be treated where their problems and their care are best understood, that is in the "general" mental hospital—not in the general medical hospital as Dr. Bird recommends, a place where understanding by hospital administrators of specialized psychiatric problems is likely to be lacking.

We have seen small institutions, reception hospitals, private psychiatric hospitals and psychiatric divisions of general hospitals and—in general—are none too happy about them. We concede readily that more general hospitals need psychiatric wards under competent psychiatrists; but such wards do not and cannot replace the mental hospital. Most of those we know, which have the primary function of the active treatment units which Dr. Bird recommends, are generally preoccupied with the processing of new patients and the emptying of beds to find room for an unending stream of them. Few do or can offer insulin therapy; many have little living space, inadequate staffs and meager programs. We are skeptical that any patient—be he suffering with a psychoneurosis or an alcoholic psychosis—can be discharged as adequately treated from most of these existing institutions after Dr. Bird's proposed one-week to three-month treatment. Is he offering us a dozen electric shocks and letting it go at that?

We have discussed these views at length because they are those of a reputable and sincere psychiatrist and because they seem to be widely circulated and thus available for argument by those who —not content with the laudable objective of improving psychiatric service in general hospitals—would like to see funds sorely needed by our mental institutions diverted for general hospital purposes. What we believe are entirely mistaken concepts will be put forward as arguments for "reform."

There is also what seems to us to be a blithe disregard of constitutional rights in Dr. Bird's proposal with reference to duration of stay. And we may refer too, to the rights of the taxpayer, as a possible prospective patient or the relative of a prospective patient to the medical care for which he pays, as well as to the rights of the "chronic" patient himself. Patients are people, and, in this country, people have certain minimum rights. Whether we

have a right to take a patient, however "chronic" or however hopeless, from a hospital and put him in a prison is a question to be seriously considered. If we have such a right, we might then consider with equal seriousness whether conscience, ethics or professional oath permits any such cruelty. The hospitalized patient who is in contact with his environment at all usually conceives of himself as being imprisoned—general unjustly. But he has hope, however faint, of release. Should we cold-bloodedly consign him —because he is a burden on society—to the life sentence of "custodial care"? Is our failure to free him by cure any warrant for us to make a Hell out of his Purgatory?

BOOK REVIEWS

Case Histories in Clinical and Abnormal Psychology. Arthur Burton and Robert E. Harris, editors. 680 pages, including preface and index. Cloth. Harper and Bros. New York. 1947. Price $4.00.

The express purpose of this book is to provide a text of case histories from the viewpoint of the psychologist. The fact that it is written by clinical psychologists and primarily for clinical psychologists does not disqualify it as an interesting and illuminating book for all those working in related fields, or for laymen.

Naturally, the test, the primary tool of the psychologist, is the prevailing topic in all the case histories. To those not immediately engaged in the field of clinical psychology, some of the psychologist's measurements may have little meaning, but the contribution that testing is able to make in diagnosis of problems may be clarified. The Rorschach is, of course, one of the most used tests in dealing with psychiatric problems. Marguerite Hertz' paper dealing with a manic-depressive psychosis is especially good. In this case she shows subtle changes during the course of treatment by re-testing at frequent intervals. At one point where there seemed to be clinical improvement, a test indicated an imminent regression which was later verified by an attempted suicide.

The authors cover the fields of functional and organic mental disorders, mental deficiency, psychopathy, childhood behavior problems, special disabilities, and educational and vocational counseling. The range extends from an example of a severe psychosis to that of a gifted child who, although he had no particular emotional problem, was considered a misfit because of his exceptional ability. Needless to say, there is great inequality in the skill in which the material is treated; the writers had free rein in presentation.

The cases presented in special disabilities in reading and spelling and in vocational maladjustment have a special interest; as, here there is no readjustment of the total personality, but only special aspects of it. In other cases, a channeling of the existing personality into more favorable lines is called for. In one case which Katherine Maurer presents so ably, a child who is a behavior problem is helped by adjusting the environment to suit the child's needs.

On the whole the book accomplishes its purpose by providing an extensive survey of the use of the psychologist's techniques; and since it is the first attempt to cover this wide area, it has a definite importance. The inequality of the material and the lack of definition of scope may be overlooked in the light of the volume's better qualities.

Pastoral Work and Personal Counseling. An Introduction to Pastoral Care. By RUSSELL L. DICKS. 194 pages. Cloth. The Macmillan Company. New York. 1949. Price $2.50.

First published in 1944, this book has found a place, not only on the shelves of ministers for whom it was primarily written, but also of doctors and social case workers who have gained from it a better understanding of the role of the minister in the care of individuals. In the new and revised edition, much of the material which dealt with war-time conditions has been deleted and much new and highly valuable material has been added. Although the book is primarily an introduction, the author has been able to condense a good deal of matter in comparatively few pages. Russell Dicks had the good fortune to begin his institutional ministry with the great founder of clinical training for the clergy, Richard Cabot, M. D., of Boston, the "father" of medical social work and throughout his career an inspiration to persons of all professions who were dealing with personal counseling. In collaboration with Dr. Cabot, Dicks published the well-known volume *The Art of Ministering to the Sick,* which contains most of the material found in the book under review. This present work should do much to clarify the relationship between psychiatrist and minister which has for some years been confused because of a lack of mutual understanding.

Mr. Dicks has divided this volume into four parts: "Conditions of Effective Pastoral Work," "The Art of Pastoral Work," "The Pastoral Task," and "Pastoral Work and the Church." Under the chapter heading "The New Pastoral Care" Mr. Dicks has summarized the attitude of the Christian Church during the formative years of the psychiatric profession, pointing out the reasons which produced tension between religion and psychiatry; at the same time he has thrown out a challenge to the church to perform the tasks of "soul healing" that it is alone able to do. "As clergymen," he writes, "we are not content with relieving suffering as the physician and social worker are . . . it is not enough to be free from want and to have health. As clergymen we are concerned with what you do with health when you have it."

For the clergyman, the second division dealing with methods, although far too brief, is perhaps the most helpful. Unfortunately most ministers are basically preachers. It is hard for them to listen, yet listening is of primary importance in any counseling. Creative listening is the first lesson which a pastor must learn, to help people. The second important lesson is to keep some kind of records of his interviews, else he can have little insight into the needs of his parishioners.

Every psychiatrist and social worker should read the fourth division of this book, if he is to understand the important role that the minister plays in the healing of personalities. Until all branches of the medical sciences realize the team work needed between clergy and doctor, we shall never accomplish the task that either one has assumed. Once the concept of a team has been realized, made up of the doctor, nurse, social worker and minister with each performing the job he is trained to do, an entirely new approach to the problem of personal health will be open to us.

Both bibliography and index are useful additions to the book.

If one was to criticize any one part of the book, it would be the first chapter which includes several rather sweeping statements about neglect of pastoral care by the church. The reviewer is not sure that Mr. Dicks is not pouring too many ashes upon his own profession. The church has never gone too far from its fundamental task of helping people, although it could, of course, have done far more than it has done in the past and is doing in the present.

Psychiatry and Religion. Joshua Loth Liebman, editor. 202 pages. Cloth. The Beacon Press. Boston. 1948. Price $3.00.

Those of us who attended the round table session on psychiatry and religion at the American Psychiatric Association meeting in Washington, in May 1948, and who had not previously seen or met Dr. Liebman, realized that we had a human dynamo in our presence. His untimely death was, to us, a shock. Psychiatry and religion needed such a man. His *Peace of Mind* was just a starter. His organization of a symposium on religion and psychiatry at the Temple Israel Institute in Boston in October 1947 and the recordings of these lectures in the present book, *Psychiatry and Religion*, are memorials to him.

In the preface, Dr. Liebman wrote, ". . . I had the hope that the sanctuary and the laboratory might be mutually helpful and that this pioneering venture might prove the inspiration for many such Institutes throughout America. . . . The goal of both disciplines at their best is to lead us to an inner serenity and an inner maturity that will make us friends rather than enemies of justice and peace. . . . Modern psychology can help normal people to retain their equilibrium or to regain it, and prophetic religion can give them both cosmic assurance and a sense of spiritual purpose in life. Both the laboratory and the sanctuary are indispensable if we are to overcome our emotional and moral turbulence."

The contributors to *Psychiatry and Religion* include Dr. Liebman, Seward Hiltner, Albert Deutsch, George Gardner, Henry Brewster, Lydia Dawes, Paul Johnson, F. Alexander Magoun, Joseph Michaels and Albert A. Goldman.

Some of us who attended the A. P. A. meeting mentioned came out of it wondering if psychiatry and religion would ever meet or get together, for some of the clergy who were present figuratively tore psychiatry apart. Your reviewer, while reading the first few pages of *Psychiatry and Religion*, had the same question, "Will they ever meet?" Hope appeared however, in Chapter III, a scholarly treatise, entitled "A Creative Partnership" by Dr. Liebman.

The remainder of the book contains discussions on the hospital care of the mentally ill, on the emotional problems of the child, the adolescent, on marriage and on grief situations.

This book will be of interest to the clergyman and the psychiatrist alike.

The Snake Pit. By MARY JANE WARD. 188 pages. Paper. The New American Library of World Literature, Inc. 1948. Price 25 cents.

This edition of Mary Jane Ward's best seller is a Signet Book (formerly Penguin Books). It is a complete and unabridged edition of the novel, although bearing on the cover a picture of the movie-version heroine as portrayed by Olivia DeHaviland.

The Random House edition of *The Snake Pit* was the subject of an editorial in this QUARTERLY ("The Root of Our Evils," Vol. 20, No. 2, 332-344). This reviewer considers *The Snake Pit* the fairest fictionalized description of state hospital life he has seen. It is to be hoped that this pocket-size edition will receive the widest possible distribution.

War, Politics, and Insanity. In which the psychiatrist looks at the politician. By C. S. BLUEMEL, M. A., M. D., F. A. C. P., M. R. C. S. (ENG.) 121 pages, with index and preface. Cloth. The World Press, Inc. Denver, Colo. 1948. Price $2.00.

The fact that this little book is written in simple, straightforward language almost obscures its importance in offering a new look at the political scene, past, present, and future. It discusses problems of dominance and leadership, the obsessive-compulsive reaction, and various disorders of personality as necessarily found in political leaders—animal, quasi-animal, or human. From his discussion, the author evolves a formula for taking the madness out of politics, but the plan will likely lack appeal because it takes the fun out of politics, too. At any rate, this book outlines possible contributions which psychiatry should make to government, and may even succeed in awakening some psychiatrists to responsibilities outside the strict field of medicine.

Understandable Psychiatry. By LELAND E. HINSIE, M. D., Professor of Psychiatry, College of Physicians and Surgeons, Columbia University; Assistant Director, New York State Psychiatric Institute. 359 pages, with appendix and index. Cloth. The Macmillan Company. New York. 1948. Price $4.50.

A new book by Dr. Hinsie is always welcome. This author seeks to address the patient as well as the physician. It might appear controversial whether psychiatry "in the making," as it is, can be offered to subject *and* object; but Hinsie has succeeded, without doubt, in this difficult task. His illustrative case records are well selected and contribute in their vivid, interesting presentation to the understanding of the problems. Hinsie's decidedly analytical approach, perfected by his superior experience, will be especially valuable for the physician who is not trained in modern psychiatric conceptions. When the author, however, becomes more technical and in the terminology inevitably more specialistic—as, e. g., in the excellent chapter on schizophrenia—one wonders if the layman will be able to follow. The chapters on epilepsy and on alcoholism, though very compressed, are highlights. One feels gratefully that Dr. Hinsie tries to make psychiatry a field of living research on the human mind and to integrate psychosomatic conceptions into the purely analytical approach.

Understandable Psychiatry can be highly recommended for the physician and the educated layman to further their mutual understanding of the needs for mental hygiene education.

The Penal Colony. By FRANZ KAFKA. 320 pages. Cloth. Translated by Willa and Edwin Muir. Schocken Books. New York. 1949. Price $3.00.

The Diaries of Franz Kafka, 1914-1923. Edited by Max Brod. 343 pages. Cloth. Schocken Books. New York. 1949. Price $3.75.

The particular interest of the first volume lies in the fact that it contains all the short stories that Kafka considered finished enough to be published during his lifetime. Hence, aside from their objective literary value, they also give a subjective glimpse of the mental workshop from which they emerged. As Kafka chose to stand upon these stories and short pieces, the reader has an excellent chance to judge from the source material the values on which a sizable literature of appreciation has grown in recent years.

The second and final volume of the Kafka diaries covers Kafka's mature literary period up to one year before his death. From the psychological point of view, though it is much slower reading, this volume may be considered the more valuable of the two.

Guide to General Psychology. Long Island University Department of Psychology. 85 pages. Paper. Lamb's Book Exchange. New York. 1948.

This is a valuable little outline book of the Long Island University's course in general psychology. The curriculum is rather full, the first semester to include a general introduction to psychology, discussion of physiological backgrounds, heredity and environment, individual differences, intelligence, motivation and emotions, and the second semester to continue with sensory functions, attention and perception, learning, remembering and forgetting, thinking, reasoning and imagining, personality, mental hygiene and social psychology. The salient features and main theories and controversies under each of these topics have been indicated; the bibliography is more than ample for the beginner—the more valuable sources are listed along with a brief comment for those who wish to pursue certain problems which have interested them in the outline—and the book contains all procedures, instructions, assignments and references necessary to integrate the teaching and learning of general psychology.

The Servant. By ROBIN MAUGHAM. 62 pages. Cloth. Harcourt, Brace & Co. New York. 1949. Price $1.50.

Here is an interesting analysis of personality interplay, describing the degrading effect of a scheming servant on his victims by serving their particular needs. The author manifests a basic understanding of human behavior and has succeeded in developing, by a simple yet forceful style, the gradual disintegration of his weak protagonist. This reviewer found the story exceedingly well written and pleasant reading.

Bioluminescence. By E. NEWTON HARVEY, et al. 165 pages, with illustrations, figures and bibliography. Paper. Annals of the New York Academy of Sciences. Vol. XLIX, Art. 3, pp. 327-482. 1948. Price $2.50.

The biological section of the New York Academy presents a symposium on bioluminescence. This fascinating phenomenon is studied by authoritative experts. The anatomy and physiology of the light organs in fireflies is minutely described (J. B. Buck). General aspects and contributions to the chemistry of luciferous substances are discussed in very interesting papers (E. N. Harvey, R. S. Anderson, A. M. Chase). Luminescence as an experimental field for enzyme studies is shown as offering great possibilities for research (F. H. Johnson and H. Eyring).

A Manual for Baby Sitters. By MARION LOWNDES. 168 pages. Cloth. Little, Brown and Company. Boston. 1949. Price $2.00.

This little book is just what the title implies. It is composed of six parts, the last of which is a reference section. This portion of the book contains references to stories that can be read aloud to children, games for all ages, simple menus.

The inside covers carry spaces for handy information for "sitters," such as addresses of family physician, nearest relatives, neighbors, hospitals, police and fire departments, as well as space for the addresses of the sitters themselves.

Any family with "sittable" children should have this little manual. It would also be a very appropriate gift for your favorite baby-sitter.

Personality Projection in the Drawing of the Human Figure. A Method of Personality Investigation. By KAREN MACHOVER, Ph.D. 194 pages with 16 figures. Cloth. Monograph in the American Lectures in Psychology. Charles C. Thomas. Springfield, Ill. Price $3.50.

A method of personality analysis based on the drawing of human figures, is presented in these pages. Dr. Machover here attempts to organize this wealth of fruitful material into a concise and communicable form while still doing a comprehensive clinical job. The theoretical and methodological principles are briefly set forth, the author giving much credit for the basic formulations to the established methods of projective personality techniques and to psychoanalytic theory. She contends that the graphic production relates most intimately to the individual with his characteristic impulses, anxieties, conflicts and modes of compensation; and she thus recommends direct, literal interpretation of the drawings by notation of the areas of concern, detail emphasis, erasures, hesitations, omissions, focus of reinforcements, and so on.

For example: As the arms and hands play such an important role in the ego development and social adaptation (being the means of contact, exploration, love and caressing, hurting and killing, etc.), their placement and direction in the drawing relate directly to personality extension into the environment. Enlargement may relate to conceptions of self-strength, omissions or erasures or hiding arms and hands behind the body may relate to lack of achievement or guilt feelings, or, as another example, undue emphasis on pockets, empirically found in the drawings of infantile and dependent individuals, may reflect affectional or material deprivation. The author felt on her surest grounds in proceding to outline the psychological meanings of specific features and their interrelationships in this

manner, rather than offering any other method of presentation for guidance in interpretations. So in turn, she goes through the various aspects of the figure, the head, face, neck, contact implements, clothing, structural and formal aspects (as position on the page, heaviness of lines, shading, symmetry) to developmental considerations. There are also comparisons of drawings of the same subject by males and females.

However, Dr. Machover cannot caution enough against using these observations simply as an automatic check-list of "signs"; they are to be used as interrelated patterns reflecting personality dynamics; and the configuration of traits is to be considered in terms of clinical implications. This psychologist emphasizes the preliminary and tentative status of the method—although reasonably verified in clinical use, and by a "fairly substantial file of drawings" and a "number" of blind personality studies that jibe with findings of Rorschach experts, with prognoses that "frequently" were accurately made from it, there are no conclusive verifications or substantial statistical support. Her method, here explained, gives good guidance for further research with suggestions of basic hypotheses, and provides a manual for the administration of figure-drawing and its inclusion in a battery of clinical testing. Helpful clinical illustrative case studies are included in this volume.

Recent Advances in Public Health. By J. L. Burn, M. D., D. Hy., D. P. H. 409 pages, with 82 illustrations, tables, references and index. Cloth. The Blakiston Company. Philadelphia and Toronto. 1947. (Published October 27, 1948.) Price $6.75.

Recent Advances in Public Health contains a wealth of information. It measures well up to the other volumes of the "Recent Advances" series. Although based mainly on facts, experiences and literature published in England, it gives a good overall view of the problems and progress in the sphere of public health. Achievements like the unique "Peckham experiment" and the Tottenham Health Centres are examples of successful health education centers in England and are especially interesting for other than British readers. The chapter (VII, pp. 93-109) on mental health services is unfortunately too short to give an appropriate amount of information on conditions in England. More details are given on dental health and medico-social services and the care of the handicapped child. Also outlined are the main fields of progress in public health in its relation to the community and the environment. The presentation of many problems is rather programmatic as is natural in the organization of a review of so vast a field.

This volume will be indispensable as a reference book and as stimulation for public health authorities and for the social worker. Many good and interesting pictures, diagrams and tables give additional valuable information and make the condensed material interesting reading.

Training in Clinical Psychology. Transactions of the First Conference. Molly R. Harrower, editor. 88 pages. Paper. Josiah Macy, Jr. Foundation. New York. 1947. Price $1.50.

This volume contains several papers delivered by a group of social workers, psychiatrists and psychologists at a conference on training in clinical psychology. Those on clinical psychology were presented by Harrower, Jacobsen, Miller and Shakow; the paper on psychiatric social work is by Ethel Ginsburgh; and the psychiatric papers by several eminent psychiatrists.

As a whole, the papers are worth reading chiefly for the personal opinions of the authors. Few practical ideas are advanced.

The Axe of Wandsbek. By ARNOLD ZWEIG. 428 pages. Cloth. The Viking Press. New York. 1947. Price $3.50.

Germany of the late '30's is the setting for Arnold Zweig's latest book, in which he offers a masterful description of the Reich's people, their mentality and make-up during the period of Hitler's ascending power. The author of *The Case of Sergeant Grischa* is a great novelist, and his deliberately slow pace makes the more poignant his powerful tale of legalized murder and the mesh of evil events that by necessity always perpetuate new evil.

Albert Teetjens, master butcher of Wandsbek, should, of rights, be the novel's villain; but after the reader has followed him and his pretty wife, Stine, from the fateful morning when Albert takes grandfather Teetjen's beautiful axe from the attic to slaughter four humans instead of cattle, to their final and inevitable downfall, he feels compassion rather than hate for the tale's protagonist. For Albert is the little man of Germany, deceived by those he trusted, pushed toward his doom by those he worshiped. He is the little shopkeeper, proud of his middle class background and paternal heredity, but completely indoctrinated by party propaganda and promises. When financial difficulties and disappointments lead him to serve as executioner for four enemies of the Reich he is not immediately aware of the full extent of his act.

But there are others who realize at the beginning that their country has fallen into the hands of a false prophet; and, when one of them, pushed by a feeling of guilt, makes feeble attempts to revenge the innocent blood, the

events leading to the death of the executioner and his wife are set rolling. And when protector and party comrades turn against him, instead of showing the expected appreciation, Albert slowly begins to fear the consequences of his deed.

The reader will find few characters to admire, since even those who loathe the Third Reich do not resist—in the presence of the growing Gestapo and the all-pervading fear characteristic of this period. But more important is the excellent characterization, especially in the gradual unfolding of Albert's mind and change of outlook, and the psychologically-sound demonstration of the series of groping steps he takes in an effort to understand the sudden course of events which have ruined his life so completely. Stine has felt all along that something was wrong, but her explanation lies in religious faith; the "intellectuals" of the story do not dare to pursue their examination of crime and punishment; and it remains only for the simple Albert to find an answer to his agonizing question: "But why do people like us need a Führer"? And when at the end he finds the answer and accepts his fate, the Führer's picture is taken from the wall and grandfather Teetjen's is restored to its rightful place.

The book is especially worth while for those interested in the development of the German character during the last decades.

The Woman in the Sea. By SHELLEY SMITH. 274 pages. Cloth. Harper & Brothers. New York. 1948. Price $2.50.

This is a story with a setting in England of the adulterous relationship between an attractive, naïve and kind "lady" who wanted everybody to be happy, and her common, hired boy—less than half her age, simple and schizoid and with paranoid tendencies. Her affair, to her, was an ordinary, natural, harmless thing, not wronging her husband nor giving her any reason for reproach of self. She could not understand, therefore, the unfriendliness about her when her jealous, violent and possessive paramour murdered her elderly second husband; and so, though she felt no one was to blame, she shot herself and fell dead into the sea after the boy was found guilty. This is light reading of mediocre caliber from both a literary and psychological point of view.

The State of Mind. By MARK SCHORER. 346 pages. Cloth. Houghton Mifflin Company. Boston. 1947. Price $3.00.

The State of Mind contains 32 short stories, some previously published, produced by the author over a period of 10 years. Excellently written, some of the stories indeed reaching toward the heights of literary expression, they are the more absorbing because of the deep psychological understanding of the reactions to the dramatic situations described.

Development of the Basic Rorschach Score with Manual of Directions. By CHARLOTTE BUHLER, KARL BUHLER and WELTY LEFEVER. 190 pages. Paper. Mimeographed. 1948. Price $3.00.

The authors state the purpose of the study to be "an attempt to establish the degree to which the Rorschach test can be quantified and standardized."

The manual is divided into: Part I, problems, findings and theoretical conclusions; Part II, manual of directions; and Part III, the statistical development of the basic Rorschach score.

The principal contribution of this work seems to be the "Rorschach Sign List" which consists of the usual Rorschach symbols alone or in combined forms. The particular signs significant for the particular patient are checked and a clinical classification is obtained. The grouping of the items checked places the patient into one of four levels of function. Level I is designated as "adequacy" or the normal level, Level II is the "conflict level." Level III is the "Impaired level"; Level IV, the "reality level." The second level contains the neurotics and the fourth consists of the schizophrenics. Level III is made up of depressives, manics, alcoholics and some of the non-psychotic organics. The check list seems to be well worked out and may prove to be of value, used along with the orthodox Rorschach diagnostic procedure. However, the authors state: "The table or Basic Rorschach Score does not positively determine a specific diagnosis as much as it excludes the diagnosis which does not apply." It seems to this reviewer that if we exclude all but one diagnosis, a specific diagnosis is determined; however, the authors hold this not to be so.

Although the study is primarily a standardization project, the authors have not standardized on the basis of any of the common procedures, but have developed a different method; and the results of the study can be used only by those examiners who employ it, as the authors' procedure differs radically from those of the several existing Rorschach schools.

The authors' method of administration seems rather inadequate in that the subject is told to give only three to five responses, a procedure definitely resulting in loss of much valuable material, especially for workers interested in sequence analysis. It is not uncommon to obtain much valuable material after the third or fifth response; in fact, the first responses are usually guarded and noncommittal. It is after the subject has had an opportunity to adjust and "lose himself" in the card, so to speak, that deeper associations begin to appear. Restriction of the number of responses can prevent adequate diagnoses. It is not uncommon for a schizophrenic to give five or more excellent responses and then suddenly drift into bizarre, unusual, poorly perceived associations. Obviously, this material will be missed if the subject is limited to three or five responses to the card.

A major deviation occurs in making the inquiry. Whereas existing methods emphasize non-leading or non-suggestible inquiry questioning, the authors use a system which seems to be anything but that. The subject is informed that he may turn the cards in all directions, may respond to the whole or to details, etc. The inquiry leaves nothing to the imagination. The subject is asked specifically whether a particular determinant is present. The authors justify this on the basis that two or three alternatives are presented, and the subject must choose one. For example, in establishing movement, posture or life the authors ask, "Does this woman seem to be standing or moving or is it just the shape of a woman?" Such a method restricts and limits the subject to three alternatives. It shuts out the possibility of other determinants such as color and texture.

Scoring of various responses is much too subjective. In establishing texture in such responses as "rugs" and "animal skins," an inquiry is considered unnecessary and texture score is given automatically. The authors justify this with the statement, "rugs and skins on these two cards (IV and VI) are given texture scores without further questioning, since it is improbable that anyone could see rugs or furs without being determined by the texture." This is definitely not a valid assumption. Rorschach workers with extensive experience will agree that a subject can see a rug or animal skin without employing texture. For example, a subject replied "skin" to Card VI and, when questioned as to determinants, completely rejected the texture and maintained that the shape only determined his response. Klopfer does not consider a skin response to Card VI of the popular variety unless "the use of shading for the impression of furriness or for the markings on the inside of the skin" are employed. Obviously, he recognized the fact that a non-texture response can be given when a rug or animal skin is seen in the Rorschach.

The Buhler and Lefever study reflects considerable research, but one wonders whether the time might not have been better spent attempting to develop one unified Rorschach system rather than offering an additional procedure. This reviewer would like to see evolved from the several somewhat differing Rorschach procedures, one method of administering, scoring and interpreting. The Rorschach is *one* test and consequently there should be *one* method of giving the test and scoring it so that workers throughout the world would use the same symbols for the same response, assign popular ratings uniformly (some works give a popular response on Card IV, others do not), evaluate movement and texture according to one procedure, etc. Obviously, the present study further complicates rather than contributes to a correction of this major discordance. The major contribution of this paper (the Basic Rorschach Score) may prove to be valuable, but diagnoses

based on mere signs exclude other more important factors including the patient's Rorschach test behavior, language, and emotional reactions, to specific Rorschach factors.

On This Side Nothing. By ALEX COMFORT. 192 pages. Cloth. The Viking Press. New York. 1949. Price $2.50.

People who deny that psychic masochism plays a decisive role in the individual's make-up, are invited to read Comfort's novel. The background of the narrative is an artificially-created ghetto in an unnamed North African city, an Italian colony, installed during the war under Nazi command. That stage is set to depict the reactions of the author's protagonist, a thoroughly disillusioned perpetual fugitive. This moral nihilism, described in a peculiarly hazy and "clair-obscure" fashion, does not prevent, however, very extensive masochistic exploits: Without being attached to his family, this central figure returns to a danger spot instead of fleeing to Mexico, an opportunity open to him. He avoids a willing girl, though attracted to her, makes himself suspect to friend and foe alike, maneuvers himself into jail, gets mixed up in the murder of a Nazi killer, though he shielded the Nazi first. By ambiguous actions, he jeopardizes himself and the environment. In short: A learned and skillful masochist, not content with Nazi tortures, he seeks the hangman's noose.

The book is written in a detached and sketchy manner. Complete disillusionment is prevalent. That palimpsest covers but the deepest psychic masochism. The alleged illusion of having no illusions, is—paradoxically—the hero's illusion: Although he protests that he is not "trying to punish myself because of some ingrowing psychological defect" (p. 187), he acts in his provocations—libidinized self-destruction.

The author himself is not less skillful: His oversimplifications of both Jews and Gentiles provoke both. The first impression of the book is that of an autobiography, warding off terrifying experiences with pseudo-detachment. A Jewish monthly, *Commentary*, reports, however, that the author is not a Jew and never saw Africa. The author is a physician, practising in London.

Thus, the Jewish tragedy is but a vehicle to expand on masochistic nihilism. All loyalties are mixed up (the hero escapes finally with a Fascist governor and a British deserter, and ends with the dictum that he does not care where he goes).

This is a strange and painful book. As an object lesson in confusion—based on decaying psychic masochism—the book is useful.

The Germans on Trial. By HEINZ LUNAU. 180 pages. Cloth. Storm Publishers. New York. 1948. Price $2.50.

Doctors of Infamy. The Story of the Nazi Medical Crimes. By ALEXANDER MITSCHERLICH, M. D., and FRED MIELKE. Translated by Heinz Norden. With statements by three American authorities identified with the Nuremberg Medical Trial: Andrew C. Ivy, M. D., vice-president, University of Illinois; Telford Taylor, brigadier-general, United States Army, and Leo Alexander, M. D., psychiatrist, consultant to the Secretary of War; and a note on medical ethics by Albert Deutsch (including the New Hippocratic Oath of the World Medical Association). XXXIX and 172 pages, illustrated with 16 pages of photographs and index. Cloth. Henry Schuman, Inc. New York. 1949. Price $3.00.

Two new books dealing with the so-called "German problem" are offered to the public, both written by Germans.

The author of the first book (*The Germans on Trial*) is Heinz Lunau, a German lawyer, who after trying in vain to settle in practice without joining the party (". . . just join up. . . . Try to make the best of it. . . ." p. 170), left Germany and emigrated in 1941 to the United States where he is now a naturalized citizen.

The second, *Doctors of Infamy,* is the record of the Nazi medical crimes given by Dr. Alexander Mitscherlich who—in contrast to Heinz Lunau—fought Nazism inside Germany and was jailed by the Gestapo. He is now professor of medicine at the University of Heidelberg.

It appears appropriate to view the mentalities of these two authors—as representatives of the tragic splitting of the German mind—to demonstrate the values of their books. At the same time these respective evaluations reflect two completely different viewpoints and can give an interesting inside view of the fight for the revival or, better, the creation of a political life with independent, responsible thinking in the Reich.

The publisher of Lunau's book confesses that "the views expressed in it are not necessarily his" (!). To characterize the author, it may be noted that he calls his fellow refugees a "mixed crowd of leftist runaways" (p. 172). He feels justified in standing up as a prophet to teach the American public "that there is nothing wrong with the Germans that a little good will and understanding on the part of the victors cannot set right" (pp. 14-15). He infiltrates his argumentation in a demagogic manner with very contestable historical examples of other peoples' faults.

What has Mitscherlich to say in principle to such an attitude? "At bottom no one is convinced of his own innocence by proving the sins of his neighbors. Other times may have seen their triumphs of evil; we cannot

escape responsibility in our own time. . . . To disparage our guilt cannot be our concern, for we shall enjoy respect only if we have the strength to survive in the full knowledge of it'' (p. 154).

The Germans on Trial is a book lacking insight and judgment, it is dictated by typical German cynical superiority, by finding fault in others and by escape from the feeling of responsibility. It is not worth while to go into details of the content of distorted facts and inappropriate analogies.

The attitude of men like Planck and Bonhoeffer, Jaspers and Volhard, Faulhaber and Mitscherlich is preferable.

Lunau's book cannot be recommended—unless as a revealing contribution to knowledge of the German trend. Mitscherlich's book, however, cannot be recommended emphatically enough for thorough study as a means to understand the tragic events of our times. The documentary report on the crimes committed by German physicians under Nazi rule becomes even more impressive by its matter-of-fact recording. The lay reader will be overwhelmed by the extent of inhumanity and barbarism which is unveiled before the world. The psychiatrist will be able to trace the development of the psychosis which befell whole nations. The process cannot be described better than in the words of the author who, with insight and judgment, places full responsibility upon the whole population. Mitscherlich gives his interpretation of the underlying cause and assumes at the same time a clear stand on the much-discussed problem of ''collective guilt'' of the German people: ''. . . This makes of it a model for an organizational stage of civilization, in which the individual no longer makes the ultimate ethical and moral decisions, nor answers for them, but allows himself to be pushed around. It is this escape into guardianship that ushers in dictatorship. Freedom, frivolously surrendered, comes home to roost in the shape of tyranny. Whoever squanders his liberty earns only contempt. He finds that out soon enough under the heel of a tyranny that holds him in the same contempt it teaches him for others. Thus when a state of unfreedom is ended, it is necessarily followed by general guilt. In our own country the doctrine of collective guilt today draws the most spontaneous resistance; but before being rejected in chagrin or indignation, it should be given closer attention, in the face of the mass surrender to the pseudo-authority of the absolute state that took place. . . . Once human freedom has been this far encircled, it is small wonder that countless numbers follow the line of least resistance. In the higher social levels especially, it merely shows our poverty of values.''

From whatever viewpoint the reader may look at the implications of the concept of "collective guilt," one cannot close his eyes to these horrifying facts and case records, and one must form a personal opinion.

Doctors of Infamy and the lessons to be learned from it must become common good, not only for the medical profession of the world, but also for every citizen who wants to live in a free and happy country.

The Lattice Window. By FREDERIC R. STEARNS. 236 pages. Cloth. The Dunne Press. Louisville, Ky. 1948. Price $2.50.

In this interesting novel, a physician, home office medical director for the Security Benefit Association, Topeka, and editor of the *Journal of Insurance Medicine,* takes a metaphysical holiday to explore "an area of inscrutability which borders directly upon the supersensual" (p. 225). He uses as vehicle a psychiatrist who becomes psychotic himself; as defense against his psychotic conflict, he promotes the theory that all mental ills can be explained in the laboratory and test tube. He is an enemy of psychological explanations: "We troubled all the psychological implements for explanation. When I refer to them, it is in an anachronistic way . . . We took pains to scrutinize the ego, the superego, and the subconscious; we searched through projections, repressions, compensations, sublimations, identifications, fixations, displacements . . ." (p. 112). The hero wants to prove "that disease is the identical disease, mentally and physically, and that so-called mental diseases are derived from, and dependent on, bodily dysfunctions" (p. 114). The psychological background of the psychiatrist of the novel is not given, nor is it worked out in the novel; we hear that he is deeply influenced by two psychotic women: One sees "God's letters" in scraps of papers, the other claims that she can kill through mere thoughts. The end is a psychotic breakdown of the psychiatrist.

The best part of the novel is the—indirect—proof that resistance to acceptance of unconscious mechanisms is based on rejection of one's own inner conflicts. So far, the case is convincing. One has, however, the impression that the author (without admitting it) sympathizes with his hero's antipsychological viewpoint. Were this book written for discerning psychiatric readers, it could be welcomed as a contribution to the understanding of unconscious resistances directed against the newer psychiatric findings. Directed, as it is, to the general public, it will—we suspect—bolster the belief of the layman that all psychiatrists are "funny people" (p. 150). The long excursions into metaphysical regions will be misunderstood, and the purpose of the author misconstrued.

The Clinical Application of Psychological Tests. By ROY SCHAFER. 346 pages. Cloth. Menninger Foundation Monograph Series, No. 6. International Universities Press. New York. 1948. Price $6.75.

Clinical psychologists and other readers who were enthusiastic about the excellent contribution to their field in the publication of David Rapaport's *Diagnostic Psychological Testing,* will be gratified to find this sequel from the Menninger Clinic which carries on further studies in the clinical application of testing programs. It continues the main psychological principles postulated in the early volumes, and—aware of criticisms levelled at the original approach—has added such needed materials as broad diagnostic summaries, and attention to individual as well as typical group trends. Moreover, it immeasurably furthers the spirit of developing interpretations and differential diagnosis from the realm of "personal insights" and private "arts," to the "public procedures of the professional" by recording all the steps and procedures, the raw materials substantiating interpretation, and detailed clarifications and explanations as well as summarized case histories.

For the author's own extensive analyses we often *do* have to thank his brilliant insight and dependence upon context clues for deductions, but these are always substantiated by pointed illustrations and explanations which subject his work to a system of checking. The battery of tests at the Menninger Clinic, where this and the earlier work was done, has not radically changed since the original volumes: the Wechsler-Bellevue Scale, sorting and learning tests, Rorschach inkblots, word association and TAT seem to be the most adequate battery on which to get analysis of the patients' thinking processes (past achievements and creative potentialities) that are indicative of character and of personality dynamics.

The set-up is excellent in providing a handy reference source for the psychologist engaged in diagnostic testing, and the book is well indexed and clearly outlined for those who read it for general clarification or for special purposes and interests. The introduction explains the nature or rationale of the diagnostic reasoning, and then the various syndromes and characteristics of the nosology are clearly outlined. The final chapters are devoted to the concrete set of test results with full interpretations, with much attention to the analysis of verbalization and content beyond the actual score and pattern analysis. Although Mr. Schafer covers the various neuroses, schizophrenic types, and character disorders most extensively, it is to be hoped that similar work will be done with the diagnostic categories which are most prominent by their absence in these records.

New Fields of Psychiatry. By DAVID M. LEVY, M. D. 171 pages with references and index. Cloth. W. W. Norton and Co. New York. 1947. Price $2.75.

This small volume reviews progress in a variety of fields from child guidance to political psychiatry.

In child guidance the child is dealt with as a dynamic organism endowed with a certain elasticity of personality and having a potentiality for growth. Successful therapy requires teamwork built upon eclecticism. Much can be done within the milieu of the delinquent, but there is a need to recognize and to ameliorate the child's conflicts, providing him with an opportunity for growth. It is common knowledge that intellectual training alone provides no safeguard against social maladjustment. However, the author believes that a liberal education aiming at the development of an integrated personality would be furthered by a psychodynamic reorientation of some courses in natural and social sciences.

In industrial psychiatry the knowledge of psychodynamics may be applied to personnel problems. With a review of military psychiatry there is definite proof that various determinants of neurotic breakdown were often rendered inoperable under conditions of high motivation and good leadership.

Because of the continued threat of totalitarianism the final chapter on political psychiatry is of particular interest. In general, Levy notes that totalitarianism tended to produce anxious, cautious, submissive attitudes or those of obeisance and opportunism—at enormous cost in terms of creative thinking in the arts and sciences, in normal emotional responsiveness and in mental health.

Land of Milk and Honey. By W. L. WHITE. 312 pages. Cloth. Harcourt, Brace and Company. New York. 1949. Price $3.00.

They Were Expendable, one of the classical documentaries of the last war, has created for its author the reputation of a sincere, trustworthy, human and brilliant narrator. White's latest book, *Land of Milk and Honey,* stands in the same objective way as a fundamental source of insight and knowledge into the strange developments of the people behind the "iron curtain." It is the story of a Russian engineer grown up in the Soviet era who, after contact with western civilization during the war, became reflective and decided to live in America.

One can learn here what dictatorship and oligarchy are able to do to a people. Actually the story is not so different from that of the events which brought about the distortion and perversion of the minds of the

German people under Nazi dictatorship. Propaganda and injection of fear will mold masses into a powerful instrument in the hands of their leaders. Finally, the individual has lost all his personality and human dignity and becomes a shapeless tool designed to serve the ideological trend of a small group. There remains not even a chance for independent thinking to gain judgment or to live up to the ambition for personal development. With the destruction of the individual, the family, basic entity of a state, has lost its biologic significance and spiritual worth.

Dictatorship with whatever trend cannot tolerate critic or independent thinking. The state no longer serves the development and happiness of its subjects, but these subjects become helpless objects of the political aims of the dictator. The single human being does not count any longer and any individual motion toward free and independent life is due to be crushed.

The tragic story of Vasili Kotov and his friends, which White reports, gives a deep insight into the life of the Russian people. We learn how a net of espionage penetrates the whole life, how families disintegrate under its choking power when the state becomes an "end in itself" (*Selbstzweck*).

Fear and distrust are the common trends. The willful creation of an atmosphere of insecurity finally molds men together against an outside world of freedom and democracy so that paranoid ideas must inevitably develop.

Very interesting and sometimes amusing are Vasili Kotov's encounters with American ways of life.

White's book gives understanding of the increasing number of escapes from the "red plague" and it will help to gain knowledge of this "new public health problem."

Perspectives in Medicine. The March of Medicine, 1948. By the Committee on Lectures to the Laity of The New York Academy of Medicine. 163 pages, including index. Cloth. Columbia University Press. New York. 1949. Price $2.50.

Perspectives in Medicine is the dominant theme of six lectures to the laity of the last year. They were broadcast nation-wide as the thirteenth series of an educational and informative project inaugurated by the New York Academy of Medicine. This volume contains the papers of Lewis L. Strauss on the atom in civil life, of Sir Raphael Cilento on food and civilization, of Edward J. Stieglitz on geriatrics, of Cornelius P. Rhoads on cancer research, of William C. Menninger on psychiatry for everyday needs, and of James B. Conant on the inter-relation of pure and applied science in the field of medicine.

Adolescence Problems. By WILLIAM SADLER, M. D. 466 pages. Cloth. The C. V. Mosby Co. St. Louis. 1948. Price $4.75.

A Doctor Talks to 'Teen-Agers. By WILLIAM SADLER, M. D., 379 pages. Cloth. The C. V. Mosby Co. St. Louis. 1948. Price $4.00.

These two books by the same author are reviewed together because they are companion volumes, should be purchased as such, and should be in every public library. They contain conclusions made by the writer after over 40 years of experience as a psychiatrist.

Adolescence Problems is written for physicians, teachers and parents. It begins by giving the reader an understanding of the meaning of adolescence and what the adolescent wants. It is pointed out that there are recreational aspects of adolescence which can be most intriguing and beneficial; that there are processes of intellectual development and of emotional life which must be understood and guided so that the adolescent personality will be able to cope with the problems of social living. Then it is noted that there are many adjustments which the adolescent must make to fit into the family circle; that the adolescent wants to be trusted, wants to share home problems and wants to be treated firmly but fairly. "The keynote of adolescent training seems to be summed up in the wise guidance of young people by parents, supplemented by the efforts of their teachers, and backed up by the co-operation of the adolescents themselves, the goal of all this being the development of self-realization associated with increasing self-control. . . . Youngsters should be allowed to participate more actively in community affairs. The only way a young person can learn to bear responsibility is to be given a chance to assume it."

In *A Doctor Talks to 'Teen-Agers,* Dr. Sadler says that young people have a lot of trouble; that youth is not the happiest time of life as most adults seem to think. ". . . So I would say to the boys and girls who may chance to read this book, no matter what your troubles may be today, regardless of the trying times you are passing through, if you can but master the art of living with yourselves as you are and the world as it is, things are going to grow better as you grow older. Your best years are ahead. Wrestle with the difficulties of the present with vigor; tackle the tasks of today with courage; fight the battle of the hour bravely, for, with your growing experience, you will discover new and better ways of solving life's problems. More and more perfectly will you master the real secrets of true happiness."

In this book Dr. Sadler gives excellent advice to the 'teen-ager, relative to personality formation; relative to the social adjustments of youth to the parents as well as the adjustments of parents to the 'teen-ager, and relative to the adjustments to emotional, sexual and the usual social standards.

An excellent portion of the book, especially since one finds this subject too little discussed in literature, is that relative to advice about the planning for education and for suitable vocational outlets. Dr. Sadler discusses the task of picking out a life job, describes the various vocations which can be followed and advises regarding "making the most of high school and college training." Finally the author advises relative to "falling in love," "whom shall I marry," "courtship and marriage" and "what religion does for us."

Your reviewer is of the opinion that these companion volumes are excellent; that they should be in every public library; that they should be read by doctors, parents, educators and even by the youngsters themselves. However, your reviewer believes that although *A Doctor Talks to 'Teen-Agers* gives excellent advice, it is not written in sufficiently simple language to be good reading for the average boy or girl unless he or she is in the last years of high school.

The Mote and the Beam. By PERCY WINNER. 366 pages. Cloth. Harcourt, Brace and Co. New York. 1948. Price $3.00.

Here is a study of a special kind of European personality which did not die with the war. This novel clearly portrays the temperament of those who live by power and bring death to men by power. The author's primary concern with the outer lives of his characters is only part of a deep, penetrating search into the most secret places of the individual, into man's struggle within himself, his struggle against external evil, and his search for knowledge of the real good. Winner portrays diverse emotional scenes with a clarity and feeling which reflect his understanding of the basic characteristics of the affect involved. His novel is little short of being outstanding.

Bedrock. By OTTO SCHRAG. 310 pages. Cloth. Henry Holt and Co. New York. 1948. Price $3.00.

This is a novel of an eminent surgeon's quest for personal salvation. The hero's problem concerns itself with his relationship with two totally dissimilar mistresses, both indicative of his conflicting needs. The story begins with the surgeon walking out of surgery in the middle of an operation and—drawn by some sort of invisible force—finding himself boarding a bus heading westward. He meets a frustrated divorcee who is seeking someone who needs her. How the doctor and the three girls dispose of their problems is the general theme of the novel. This book is well written and qualifies as an interesting story of a man's search for solution of his inner conflicts.

The Comics. By COULTON WAUGH. 360 pages with index. 102 illustrations. Cloth. The Macmillan Company. 1947. Price $5.00.

Mr. Waugh's book is, in fact, a history of comics in America—from the "Yellow Kid" in 1896 to "Li'l Abner" and "The Sad Sack" today. The illustrations, reproductions of sections of various comic strips, are excellent. The text is well done and makes reading the book a distinct pleasure.

"Between the ages of six and eleven 95 per cent of boys and 91 per cent of girls buy comic books for a steady reading diet. Between twelve and seventeen, the figure falls to 87 per cent of boys and 81 per cent of girls. . . . Comic strips are read by 83 per cent of male newspaper readers, by 79 per cent of women readers, . . . A startling tribute to the infiltration of the habit among adults was that in the recent war, at the post exchanges, the combined sales of *Life*, the *Reader's Digest*, and the *Saturday Evening Post* were exceeded by comics by a ratio of ten to one." It will be seen that comics and the newcomer to the entertainment field, comic books, play a vital part in the life of America today.

This book is heartily recommended to those who would know more about the comics and the problems they precipitate in children today; it may also have an appeal as strictly leisure-time reading.

The Bird Escaped. By JON GODDEN. 179 pages. Cloth. Rinehart and Company. New York. 1947. Price $2.50.

After reading this novel and after reading the reviews printed on the jacket of the book, this reviewer recognizes that his evaluation is conditioned by his psychiatric background.

As an account of a brief sector in the life of Sebastian Craik, the story holds some interest; but as a dramatic presentation of the unconscious conflicts of Craik in relation to his parents, it is skillfully and uniquely evolved.

Jacko, the father surrogate, could have been the ogre in a fairy tale, and Jacko's sweetheart, the mother surrogate, could well have been a fairy princess. All this is revealed in a delirium after Craik is cast upon the shore of a tropical Pacific island following the torpedoing of his ship.

The author takes the liberty of presenting a dream as a logical and coherent mental process, free from the usual condensation, distortion and symbolization that characterize a dream. Nevertheless, the dream clarifies Craik's conflicts and is suggestive of the fantasies that a child might entertain concerning parental sexual relations.

After rescuing Jacko, Craik's conflicts seem to be resolved, and his fear and hate are replaced by admiration and tenderness. One can sense his new-found freedom as he is liberated from his torturing conflicts.

Sexual Behavior in the Human Male. By ALFRED C. KINSEY, WARDELL B. POMEROY, and CLYDE E. MARTIN. 804 pages, with index, appendix, and bibliography. Cloth. W. B. Saunders Company. Philadelphia and London. 1948. Price $6.50.

While we have been busy pushing buttons, a biologist has stolen our show. He has been unable to see The Emperor's New Clothes, and has said so in elaborate detail. He has had the temerity to recognize our laws, and much of our psychiatry, as a rather pathetic series of essays in human ideals, without tangible correspondence to our actual behavior, and he has explored the discrepancies with overwhelming diligence. Apparently, the public has regarded his findings and his methods as extremely novel, but most of the same public would prefer that a diet should be prescribed on the basis of complete investigation of the nutritional needs of the human body, and not on the basis that such and such a diet was much esteemed by St. Paul. Perhaps the threat implied by this analogy is one of the factors contributing to the great fascination of the Kinsey report.

Man is a rationalizing animal, and he takes great comfort in his rationalizations. He does not like to have them disturbed, no matter how whimsical the results may be. As an instance, he propitiated the father surrogate in heaven by voting for national prohibition. This pious gesture did not stop drinking, and it was not meant to. Its actual effect was to place the distribution of alcoholic beverages in the hands of bootleggers, instead of leaving it in the hands of relatively benign bartenders. The voter had the comfort of recognizing himself as a good boy, as well as the comfort of liquor. As happens inevitably in such a conflict-situation, a voluminous literature on drinking appeared. When awareness of the conflict was no longer avoidable, the distribution of liquor was returned to the management of those who were content to rob us legally.

In other words, a law against the satisfaction of the needs of any considerable portion of the population does not interfere with the satisfaction of those needs. It merely relegates the job to a class of people who are willing to take the risks of breaking the law. The voluminous literature of psychiatry should be recognized, at least partially, as a similar symptom of the conflict between sexual customs and sexual needs. Perhaps the Kinsey report is recognized intuitively as an especially big gun in the war for "sexual local option," and gains a great deal of its impact thereby.

Dr. Kinsey has forseen that every effort will be made to cast doubt on his data. After all, denying the validity of the findings would be a good way of denying the whole conflict. Therefore, he has devoted considerable space to describing his interview techniques, and the methods of statistical

manipulation which he has used. The reviewer is not aware of anyone who has done a better job. It is a fair assumption that any student of the general subject of statistics will be bound to take the Kinsey study as a model, just as every student of psychiatry will have to know, of necessity, both the material and the methods of the report. Frankly, it is impossible to overestimate the importance of this study. At the same time, the reviewer does not feel it possible to forecast any actual effects of the report. Times may be bad in the immediate future, and the average citizen is likely to regard his imminent destruction by an atom bomb as a problem in morals, rather than a problem in physics. He will, doubtless, feel much safer by continuing to render lip service to his gods. To err is human, but to know what you are doing invites sudden death.

Sex Habits of American Men. Edited by Albert Deutsch. 244 pages with biographical notes, footnotes and index. Cloth. Prentice-Hall, Inc. New York. 1948. Price $3.00.

About the Kinsey Report. Observations by 11 Experts on *Sexual Behavior in the Human Male.* Edited by Donald Porter Geddes and Enid Curie. 168 pages with index. Paper. Signet Books, New American Library of World Literature, Inc. New York. 1948. Price 25 cents.

Sex Habits of American Men is a book of commentary on what has been widely known as the "Kinsey Report." Mr. Deutsch has assembled some of the most eminent American authorities in scientific and other related fields to discuss the Kinsey data. This reviewer found in particular, the comments of the three clergymen included to be exceedingly enlightened. He feels the whole book should be read, with Kinsey's original, by anyone dealing with social problems. The implications of the report as to penal institutions and as to sex education are particularly worth psychiatric attention.

Like the compilation edited by Mr. Deutsch, *About the Kinsey Report* is a volume of interpretation and explanation. The 11 contributors are eminent in fields ranging from anthropology and psychiatry to law.

The Kinsey report itself is the result of a survey which—despite its best-selling status—comparatively few persons are equipped to evaluate or even to understand completely. The two books of commentaries reviewed here are worthwhile contributions to evaluation and understanding. Either could also stand alone as a useful volume for sex education.

Human Relations in Action. By CALVIN C. THOMASON. 225 pages. Cloth. Prentice-Hall, Inc. New York. 1948. Price $2.65.

This book represents the author's experience in "providing a guide for discussion groups seeking better understanding of human capabilities, habits and attitudes." He employs the "multiple-case" discussion method whereby a series of cases embodying the principles involved are considered for discussion and members of the group add material from their own experiences. The author feels this to be a more effective method than the "quiz," lecture, or uncontrolled conference in providing better understanding of one's self.

There are chapters dealing with: "Human Nature," "The Nervous System and Habits," "Learning," "Reliability of Judgment," "Remembering," "Emotional Behavior," "Emotion and Problem Solving," "Acting as Suggestion," "Factors in Conduct," "Personality," "Counseling and Placement," "Employee Training," "Incentives," "Working Conditions" and "Personnel." The book is well written, and is easy to read and follow.

Sin of Angels. By ANNA MARY WELLS. 248 pages. Cloth. Simon and Schuster. New York. 1948. Price $2.00.

This Inner Sanctum mystery is distinctly above the level of the average "who-dun-it." If the reader is looking for the usual thriller, and avidly waiting for the unknown murderer to appear upon the last page, he will be disappointed. The author has done a much better job than that. A mystery this book certainly is, and full enough of excitement and suspense for anyone's taste. For the more discriminating, it is also an excellent psychological novel, whose characters are real and appealing people. Through a tangled maze of relationship, the actress, the psychiatrist, and the newspaper man are well portrayed and show the writer's background in these three diverse fields to be sound, indeed. This is a book worth adding to a psychiatric library, or in fact, to any library of good literature.

The Victim. By SAUL BELLOW. 294 pages. Cloth. The Vanguard Press, Inc. New York. 1947. Price $2.75.

"The guilty is oftentimes the victim of the injured, and still more often the condemned is the burden bearer for the guiltless and unblamed; you cannot separate the just from the unjust and the good from the wicked," so Kahlil Gibran wrote in *The Prophet*. This is the theme of Bellow's extraordinary piece of psychological literature. That this novel with so little of plot in it, manages to be as exciting and full of suspense as a tale of mystery, is an amazing writing achievement.

A Human Relations Casebook for Executives and Supervisors. By CHARLES A. DRAKE, consulting engineer, and FRANCIS S. DRAKE, formerly research assistant, American Management Association. 187 pages, including preface and index. Cloth. McGraw-Hill Book Co., Inc. New York. London. 1947. Price $2.50.

The introduction to this book explains that there are two ways for management to attain success—which depends upon insight in interpreting and satisfying human wants, a skill in evaluating human aptitudes and abilities, and applying these in production. One way is by systematic study of scientific knowledge about human nature, made available in courses in management; the other is through actual experience, trial and error.

This book presents a combination of these two factors by setting down certain basic principles of human behavior and by demonstrating with actual case examples to illustrate good or poor ways in which supervisors have met actual situations on the job. It is set up as something of a textbook with a set of questions at the end of each chapter and a space in which the reader may set down his own ideas of the principle involved. Appropriate bibliography is also supplied. The first and longest chapter deals with adjusting human resources, showing graphically by case examples how the human element is more important in production than the adjustment of machinery. If a worker is not placed in a job which he is capable of performing, in which he is interested, and is not with other workers who are congenial, he will not produce well and will often have accidents.

Actual hiring and placement form one of the critical stages of personnel management and deserve more serious thought than is sometimes given. Such factors as temperament, interest, expressed desires and aspiration of the applicant must be considered as well as his intellectual level or particular aptitudes. Such problems as subnormal intelligence, emotional disturbance, unpleasant personal habits, promotions, retirement, reassignment of jobs, the effect of temporary personal or home difficulties on the worker, are discussed; and examples are given as to how a good personnel program can make a definite contribution to increased production by the use of an individual social work approach to these problems.

At one time, the employee's attitudes and sentiments and the questions of whether he is loyal and satisfied with his job were thought to be unimportant. Today, however, the manager feels that they are all-important; that a contented worker who has pride in his work and is well adjusted is a more valuable one. A case to illustrate the way in which this feeling can be discouraged is that of a foreman who was poorly chosen for such a job.

He gave his orders verbally and when his supervisors were not satisfied with the work in his department, he tended to place the blame at a lower level, thus destroying the morale of his subordinates. The administrator recognized that the foreman was an insecure person emotionally, and that in a different sort of job he would be more comfortable.

The wise and unwise use of incentives is dealt with in one chapter. Wage incentive, especially with unskilled workers, should be simple and easily related to the effort extended. Between maximum and ordinary output, there is a point at which production can be maintained safely and comfortably. Additional incentives are wisely used. Money incentive for wage earners, bonuses for salaried persons, praise, competition between departments, merit certificates, et cetera, all have their places, but many factors should be studied in each situation before the choice of the incentive is made.

Management shows its foresight and good faith through the way it deals with the problem of bargaining, both with individuals and groups (collective bargaining). In both cases an open mind, good grace, a co-operative attitude and the wish to obtain and evaluate all facts are essential. Five case situations are given, illustrating the fact that the guiding purpose in bargaining must at all times be to obtain an agreement which will be fair and acceptable to both management and labor. Each party must have a fair share of concession and compromise. Management and personnel are expected to produce constructive ideas as part of their jobs. Often, if encouraged, workers will make many suggestions which will lead to better procedure and better attitudes throughout the plant. Successful management involves mobilization of many persons in furthering the common cause. As a leader, the manager has the responsibility for the development of those he directs.

As to teaching, the authors observe that half of the supervisor's time is employed in instructing his subordinates. The worker who knows exactly what he is to do, why and how, is less likely to get into difficulties. Sound approach to the establishment of good work habits and healthy attitudes is most essential.

Many helpful and practical hints for the manager or supervisor are given in the last chapter. These are suggestions which will be helpful to leaders in fields other than production, and are presented in an interesting and convincing manner, illustrated by actual job situations.

The book is not intended to give all the answers, but rather to stimulate thought toward certain principles. Brief comments are given with each case illustration, but in such a way as to invite discussion and further study.

Applied Psychology. By HAROLD ERNEST BURTT. 821 pages. Cloth. Prentice-Hall, Inc. New York. 1948. Price $7.35.

"This book is intended for two types of readers: the college student who has had an introductory course in psychology and desires orientation toward the science in its practical aspects, and the layman who is concerned with the general scope of applied psychology and possibly with a particular interest in some limited phase of it."

The author has tried to keep the subject matter and terminology at a level which would provide understanding for both the student and the layman. For the benefit of those who have not had a basic course in general psychology, a chapter is included to provide an overview of the basic principles of psychology.

This reviewer found of particular interest the several chapters dealing with legal psychology. There are excellent ones on "Psychology of Testimony," "Psychological Techniques for Crime Detection," "Psychological Factors in Crime and Psychological Factors in Crime Prevention." A rather wide range of subject matter is covered, such as psychotherapy, vocational guidance, nature and diagnosis of mental disorders, efficiency in industrial work, morale, methodology and selecting of advertising appeals, advertising media, personal efficiency and psychological tests in employment.

The book is well written and contains many new psychological concepts in line with new trends.

Family and Civilization. By CARLE C. ZIMMERMAN. x and 829 pages. Cloth. Harper & Bros. New York. 1947. Price $6.00.

Family and Civilization is a revolutionary and challenging study of the past, present, and future of the family in Western civilization; and the author, Carle C. Zimmerman, associate professor of sociology at Harvard, is to be complimented for his masterful, detailed and scholarly work. Hardly a phase of the progress of family-living throughout the long years of civilization but is treated fully and well: The author discusses family types, relationships of individuals within family groups, fluctuation of the family bond, the Graeco-Roman family systems, the rise of the modern domestic family, disruption of public control, basic family sociology, the future of the family and civilization. For the first time in the history of science we have in this one volume a careful examination of the role of the family in civilization. The undertaking is ponderous, and the results match the effort.

Dr. Zimmerman has obviously mastered the world's recorded literature on the human family. The great sociologist has a simple yet profound

thesis throughout his volume: Peace and ultimate security for the world, he infers, can be established once familism and child-bearing become the primary social duties of the citizen. If this argument appears too succinct, view it through Professor Zimmerman's own words: "The solution will prove to be not in *fides* alone but in the strong union of *proles-fides*—children and familism." *Family and Civilization* takes up and develops a complete theory of the family. Dr. Zimmerman concentrates in this book on the western family system. His explanation of basic finite causation, in relation to the rest of civilization, resting in family decay at such times as the present, is certainly revolutionary and brilliant in scope and compass.

Adopting a Child. By FRANCES LOCKRIDGE, assisted by SOPHIE VAN S. THEIS, Secretary of the Child Placing and Adoption Agency of the State Charities Aid Association. 216 pages, including index, bibliography, and appendix listing the names and addresses of private and public adoption agencies in the United States. Cloth. Greenberg, Publisher. New York. 1947. Price $3.00.

This is a clearly written book for persons who are planning to adopt a child, and for those who work with the adopted child in attempting to solve the many problems which he faces at home and in the community. The authors point out why a recognized agency should be consulted, discussing the viewpoint of the agency and how it functions. Included is a list of standards and laws set up to protect both parents and child, steps in the adoption procedure, the purpose of the probationary period, and the formal adoption in court. What is more important, there follows a discussion of parental attitudes, and advice concerning the special needs of the child and how they can be met successfully. Case histories are presented as illustrative material. Probably the most comprehensive book of its kind written to date, it will be of particular interest to social workers and psychologists. The writers are recognized authorities in the field of child-placing and adoption.

Dreadful Summit. By STANLEY ELLIN. Cloth. 181 pages. Simon and Schuster. New York. 1948. Price $2.50.

This book is labeled by the publishers an Inner Sanctum Suspense Special, in that it marks a novel of suspense rather than one of crime and punishment or of crime and detection. The story deals with a young lad of 16 who decided to murder the man who beat his father before his eyes. He did not understand why, but he knew he had to kill. This novel tells of the "inevitable tragedy of the adolescent whose wishful fantasies are allowed to go unchecked and undirected in the adult world of reality."

Virgie, Goodbye. By NATHAN ROTHMAN. 248 pages. Cloth. Crown Publishers. New York. 1947. Price $2.75.

This is a psychological study of the ultimate degradation and suicide of Virgie who saw nothing wrong in being a prostitute.

Mr. Rothman has written a very convincing story. Yet it is permissible to wonder if the type he portrays actually exists. Virgie is decidedly neither the mentally defective nor the homoerotic nor the frigid type of traditional prostitute. Her story is sensitively and understandingly written but it suffers from too much "stream of consciousness" technique.

How Our Minds Work. By C. E. M. JOAD. 116 pages. Cloth. Philosophical Library. New York. 1947. Price $2.75.

This little volume by the well-known British philosopher and psychologist gives a fair introduction to the relationship of the body to the mind. Dr. Joad discusses the mind as part of the body and also gives his impression as to the mind being distinct from the body. In his discussion of the activities of mind, he takes up McDougall's instinctual theory and expresses the view that McDougall does not believe the mind is enslaved to the instincts, but that it has free power of will. Dr. Joad also discusses the Freudian theory of the unconscious, which he apparently agrees with basically, but disagrees with as to basic mechanisms.

Out of the Silence. By PATRICK MAHONY. 180 pages. Cloth. Storm Publishers. New York. 1948. Price $2.50.

This book is a collection of "factual fantasies." The term has no sense but it is meant to describe psychic oddities to which a sympathetic introduction is given by Maurice Maeterlinck. There are no references, which makes the book useless for the psychologist, but also saves the author from charges of misquotation. This volume has journalistic merit; the supernormal is heavy reading; but Patrick Mahony has succeeded in making it unusually light.

Heredity, Race and Society. By L. C. DUNN and TH. DOBZHANSKY. 115 pages. Paper. Pelican Books. New York. 1946.

This book is of the small handbook type about a commonly discussed subject. There are five chapters dealing with "Human Differences," "Nature and Nurture," "The Method of Heredity," "Group Differences and Group Heredity" and "Race."

The book is well written and most interesting—at the level of the layman.

The Great Light. By LARRY BARRETTO. 282 pages. Cloth. Farrar, Straus and Co. New York. 1947. Price $3.00.

The Great Light is ostensibly the story of "six men who came out of World War I seeking the peace of mind without which man cannot live." If the title hasn't warned you, that quotation from the first sentence on the dust jacket should. Of the six men, five are, the author convinces us quite satisfactorily, machine-turned products of our mechanistic age—the writer of popular novels, the fashionable psychiatrist, the popular painter, the orthodox priest, the Wall Street broker. But the sixth, ah, the sixth, is a man of mystical visions who finally reaches the world of the spirit after some very earthy encounters en route.

The comparison with *The Razor's Edge* by Maugham is obvious and faintly damning to *The Great Light*. Neither novel achieves its lofty purpose but the spiritual theme is less bruised by Mr. Maugham's more skillful craftsmanship. He has an edge on Mr. Barretto with his title too.

This is the author's first novel in seven years and obviously he has put much of himself into it. At times the reader feels deeply moved with him at the terrible futility of our age, at others, such as in the Sophoclean finale, his touch is so gauche, so naïve, that he seems but a high school boy writing the valedictory.

Medicolegal Problems. Edited by Samuel A. Levinson, M. D., Ph.D. 249 pages. Cloth. J. B. Lippincott Co. Philadelphia. 1948. Price $5.00.

This is a monograph of the medicolegal symposium which, in the fall of 1945, was conducted jointly by the Institute of Medicine of Chicago and the Chicago Bar Association. Six topics were selected for discussion. Each topic was presented by a doctor, then by a lawyer; and finally a question and answer period was provided. This book apparently contains a verbatim record of each session.

The topics presented were as follows: (1) "The Medical Witness in Court; Expert Testimony," (2) "Artificial Insemination: Medicolegal Implications," (3) "The Practice of Pathology and Its Medicolegal Problems," (4) Operations to Produce Sterility: Medicolegal Implications," (5) "Trauma and Tumors in Industrial Medicine" and (6) Scientific Tests in Evidence: Blood Grouping Tests in Disputed Paternity Cases; Chemical Tests for Intoxication."

This book is informative and should be of interest to all doctors and lawyers.

The Marshall Fields. A Study in Wealth. By JOHN TEBBEL. 320 pages. Cloth. E. P. Dutton & Co., Inc. New York. 1947. Price $3.75.

The Marshall Fields: A Study in Wealth is a joint biography of Marshall Field I, who rose from a New England farm boy to a Chicago multimillionaire in the Robber Baron period, and of his grandson, Marshall III, who inherited most of his money in an age when "the uses of wealth itself were the basis of worldwide ideological struggles."

John Tebbel, as is his custom, has produced a good, straight-forward biography, no mean accomplishment in this age prone to superficial psychiatric penetrations into the subject's inner recesses. His lack of subtlety, and imagination is nicely balanced by his good taste, sound craftsmanship and social consciousness.

Some august reviewer has criticized the author for being obviously less in sympathy with Marshall I than with Marshall III, who, Mr. Tebbel says in conclusion, "has shown himself to be one of the few inheritors who is conscious that the old order has changed, and who is working hard to insure that the new order will be a democratic one, free of the shackles of the past, unafraid of the challenge of the future." We agree; he is definitely partial to the man with that point of view and he certainly did a good job of convincing this reviewer, at least, that he was backing the right field.

The Grand Inquisitor. By FYODOR DOSTOEVSKY. With comments by William Hubben. 49 pages. Cloth. Haddan House. Association Press. New York. 1948. Price $1.50.

Suffering is the theme of *The Grand Inquisitor,* a section from Dostoevsky's *The Brothers Karamazov.* This part of Dostoevsky's great book is itself great, conveying as it does the grandiose and dark beauty of the very message of life and its tragedy. *The Grand Inquisitor* deals with the figure of Christ; and we here have a segment in meaningful literature that has to do with Truth. Our generation, schooled in the psychology of man's dualisms, will read this little volume with new eyes, with added significance.

The Grand Inquisitor is embroidered with wood engravings by Fritz Eichenberg and is translated by Constance Garnett. Both have contributed much to the worth of the book. It is literature that deals surely with mankind's unending dilemma: Freedom or security—which is the higher good, which gives more happiness? *The Grand Inquisitor* is philosophical and psychological, vividly and profoundly revelatory, glowing with apostolic illumination. It has the direct thrust and bold symbolism of a vision, with reality and timeliness for every age. *The Grant Inquisitor* is realistic, positive, despite its poetry; and it deserves wide reading.

Love and Marriage. By F. ALEXANDER MAGOUN. 355 pages. Cloth. Harper and Brothers, Publishers. New York. 1948. Price $3.50.

Professor Magoun, author of *Balanced Personality,* and lecturer on human relations, writes understandingly and in simple language about a subject which he knows so well. His book is for young people embarking upon marriage, for psychiatrists, for clergymen and for marriage counselors. His theme does not emphasize sex as many such books have done.

"The great problem of our civilization, aside from staying alive, is to become emotionally mature. It is easy enough to say that in order to select the right mate, or to be happily married, one must be emotionally mature; must be willing and able to make flexible readjustments; be capable of accepting mature responsibilities; know how to take criticism; be reasonably calm and unafraid in the face of suspense and uncertainty; possess a balanced personality because of a deep inner acceptance of whatever life does to one, based on the conviction that one has the ability to sense and to carry out the appropriate (not the vengeful) thing in response. Of course! But how?" In this book Professor Magoun gives us his answers to this question.

In addition, there is a frontispiece, a prayer and resolution entitled "Goodnight." If it could be read jointly by unhappy couples before they retire, the readers might honestly say to each other "Goodnight, beloved." To your reviewer "Goodnight" alone is worth the price of the book.

Man for Himself: An Inquiry Into the Psychology of Ethics. By ERICH FROMM. xiv and 254 pages. Cloth. Rinehart & Company, Inc. New York. 1947. Price $3.00.

"Our moral problem," writes Erich Fromm in his analytical book *Man for Himself,* "is man's indifference to himself." Men no longer trust their own power; we have no faith in men, no faith in ourselves or in what our own powers can create. These are the views held by Fromm. But, he is not pessimistic. "Our period," he concludes, "is a period of transition . . . Our period is an end and a beginning, pregnant with possibilities." In this inquiry into the psychology of ethics, the author indicates, in the words of Hosea, that "people are destroyed by the lack of knowledge." In *Man for Himself,* Fromm discusses, then, the problems of ethics, of norms and values leading to the realization of man's self and of his potentialities.

The author is a psychoanalyst who, in dealing with problems of ethics, takes the position that psychology must not only "debunk" false ethical judgments but can, beyond that, be the basis for building objective and valid norms of conduct. Fromm's position is therefore in contrast to the

trend prevailing in modern psychology, which emphasizes "adjustment" rather than "goodness"; he is not on the side of ethical relativism. The author is right in insisting that the value-judgments we make determine our actions, and that upon their validity rests our mental health and happiness. Erich Fromm thus proves himself not merely a psychologist but a true philosopher, a humanistic ethical thinker who points out consistently that the understanding of man's nature and the understanding of values and norms for his life are interdependent.

Man for Himself is a clear statement on ethics that recognizes that psychology and psychotherapy are bound up with the philosophical and moral problems of man. Fromm's book is a philosophically oriented psychology going beyond Freud. He maintains, again, that psychology cannot be divorced from philosophy and ethics nor from sociology and economics. This book is recommended wholeheartedly for both a viewpoint and intellectual insistence that are too often overlooked by workers in the field of psychology.

Del Palma. By PAMELA KELLINO. 254 pages. Cloth. E. P. Dutton & Co. Inc. New York. 1948. Price $2.75.

This novel is an adolescent type of fantasy which reads well, but fails to cast much light on the phenomena of "possession" and "*déja vu*" which it describes as the central manifestations of the psychopathology of its heroine. The poor heroine never had much chance. She was named after her mother's dead cat, but failed to take its place adequately. Ever after, her ego preferred inner satisfactions, and it may well have been justified. However, sympathy seems more in order for the innocent bystanders, none of whom was able to establish any satisfactory rapport with her, and none of whom ever failed to be bewildered by her rejection of the reality principle.

How to Conquer Shyness. By PAULINE WOODRUFF TITUS. 315 pages. Cloth. Funk & Wagnalls Co. New York. 1948. Price $2.50.

The author has devoted the last 18 years to helping shy people overcome their fears. She has done this through lectures, magazine articles and private lessons. In this book, she gives us her own formulae for overcoming shyness from which she, herself, has suffered.

The author tells us to look at ourselves, the way we walk or stand or hold our heads, the way we shake hands, the way we sit down, the way we talk and the way our actions show our shyness. She holds that the undercurrent of subconscious fear, caused by feelings of inferiority and by lack of

confidence, makes shy people appear awkward. She finds that shy persons are unable to handle criticism; that they are "alibi artists." "Any new advertisement which promises improvement in any way, physically, mentally, emotionally, or in the fields of religion and health or charm, finds quick response among the shy. They spend a great amount of money sending for circulars and they know they never will buy the products . . . Shy people suffer from malnutrition of confidence." To overcome this personality problem, the author suggests three basic needs for the shy person: Learn how to understand one's self; learn how to talk and express one's self successfully, and learn how to get along with people.

This book is friendly and understanding and is presented in a mildly humorous manner. It is written in nontechnical terms, is easy reading and gives a great deal of common-sense advice.

Psychological Warfare. By PAUL M. A. LINEBARGER. Cloth. Infantry Journal Press. Washington. 1948. Price $3.50.

Dr. Linebarger gives an excellent account of what psychological warfare is, what it does, how it works, how it is fought and who fights it. He states, "Psychological warfare, by the nature of its instruments and its mission, begins long before the declaration of war. Psychological warfare continues long after overt hostilities have stopped. The enemy often avoids identifying himself in psychological warfare; much of the time he is disguised as the voice of love, of God, of the church, of the friendly press. . ."

This book should be read by every American citizen. Its contents will shock many who are unaware of the dangers which exist today and of the dangers which lie in the future. Realization might lead the American people to work together for the good of the nation, to forget minor, petty personal differences, and to prepare themselves for future eventualities.

Over the Edge. By LAWRENCE TREAT. 250 pages. Cloth. William Morrow & Company. New York. 1948. Price $2.50.

This is an excellent mystery novel in a psychological setting, with accent on personalities and dynamics. The client, i. e., she who becomes the corpse, enjoyed high places, dipsomania, and the emotional destruction of susceptible men. The principal male character "loved women, tennis and the rounded sentences of a well-written book." He also rather liked to drink, which must have left him little time for the pursuit of the "rounded sentences," but he is an interesting and engaging character none the less. In fact, it is his childhood neurosis which plays the major part in solving the mystery. It is hard to discuss a "detective" type of story without giving away the plot; consequently, the reviewer feels it safest to say merely that he hopes *Over the Edge* may start a trend.

Diagrams of the Unconscious. Handwriting and Personality in Measurement, Experiment and Analysis. By WERNER WOLFF, Ph.D. 355 pages. Cloth. Grune & Stratton. New York. 1948. Price $8.00.

Dr. Wolff, professor of psychology at Bard College, author of *The Personality of the Preschool Child* and other studies of personality, as well as studies in graphometry, records in this, his most recent book, his investigations into the scientific study of handwriting, particularly of signatures. It is a book which will be of special interest to psychologists and others in similar investigative fields, but it is not likely to be popular with the average reader since it is rather difficult reading because of the minute and detailed analysis of graphic expression.

The author differentiates the usual type of investigation of handwriting, called graphology, from his methods of interpretation: "The studies of graphic movements differ from those of graphology in various respects. The term 'graphic movement' is used in order to emphasize that graphic patterns are recorded movements which reflect dynamic processes of personality; they cannot be isolated but must be considered as an integrated whole and not as a sum of single elements. Emphasis is placed on the diagnostic value of configurations rather than of fixed relationships between graphic patterns and personality traits. If our expressiveness is patterned by our personality, graphic expressiveness must show this, whether done by the child, by the average man or by the artist. Therefore, the study of graphic movements does not single out handwriting for purposes of interpretation, as does graphology. While graphology is solely interested in the diagnosis of personality, our first aim is to discover the structural quality of expressive behavior in the underlying processes, by methods of experimental depth psychology. The present investigation aims at establishing a scientific foundation for the study of expressive movements in general and for the study of their graphic reflection in particular."

In Part I, Dr. Wolff demonstrates the consistency, the symmetry, the rhythm and the configurational harmony of units projected by the personality in graphic expression. "We have demonstrated by measurements," he holds, "that size, form and position of graphic patterns originate neither in chance nor in conscious intention, but that they reflect unconscious principles of organization. Thus, graphic movements are 'diagrams of the unconscious.' Since these unconscious patterns are modified by psychosomatic changes of the organism, such as elations, depressions, and seizures, graphic movements are evidenced as a reflection of psychosomatic processes."

In Part II, the author turns to an interpretative theoretical approach and gives suggestions for an understanding of the graphic language of expression: "The greatest danger of traditional graphology is a doctrine of fixed

signs. We emphasize throughout the present study that graphic movement is a reflection of the total organization of the biophysiological personality. The analysis of these movements must always consider patterns, and an element becomes significant only in relation to the whole expression." Wolff then goes on to illustrate and explain pictographic patterns, rhythmic graphic expressions, the exaggerated use of pressure and expansion, the apparent meanings interpreted in the use of leitmotifs and the evidences of changes in graphic expression at times of emotional stress as contrasted with times of emotional relaxation. He presents several tables listing the main characteristics of graphic expression. Finally, the author takes a group of signatures of historical persons and demonstrates to the reader how his experiments and his tabulations apply in the interpretation of the personalities of these individuals.

Dr. Wolff's book contains a huge bibliography of 16 pages and a detailed index of 48 pages.

Emanuel Swedenborg. Scientist and Mystic. By SIGNE TOKSVIG. 389 pages with references and index. Cloth. Yale University Press. New Haven. 1948. Price $5.00.

It is not easy to review adequately this fascinating modern treatment of the Swedenborg mystery. Signe Toksvig has acquitted herself of the task of the presentation and analysis of the material in an admirable manner. The genius of Swedenborg in science, psychology and in that indefinable realm we could call spiritual, religious or metaphysical, stands out impressively—together with some puzzling aberrations of his mental functions. Swedenborg was a good enough psychiatrist for his day to be aware of the problem of mental disorders which his subjective experiences raised.

He anticipated not only many orthodox psychoanalytic findings, but also Jung's claim of middle-age neurosis arising from a spiritual crisis in man. E. Hitschman, in Germany, diagnosed Swedenborg's case as paranoia and saw homosexual components in his love of God. R. Lagerberg, in Finland, saw infantile regression or Jungian regression to primitive man's mythomania. Von Winterstein found an unsolved inverted Oedipus complex. All these treatments of the celebrated Swede appear to be woefully inadequate. Dr. Karl Jasper of Heidelberg, a physician and a professor of philosophy, agrees with the schizophrenic diagnosis but admits it is conceivable that something subjectively spiritual exists, and that this spirit (*Geist*) is timeless but may reveal itself in time through 'emotions.' It is as if, he says, this demonic force under control in the healthy could break through at the beginning of the schizophrenic process. "The morbid process gives a chance and condition for this breaking through, though it may be only for a short while. It is as though the soul were unlocked."

Here we have the concept of "creative schizophrenia," a view which is sadly missing from present-day psychiatry, mainly because of a complete neglect of the abundant material compiled by psychical researchers for the last 70 years. This is the chief problem that should be of interest in Signe Toksvig's book to the "psychiatric public," and had the author's intention been to call attention to "creative schizophrenia," she could not have chosen her subject-material better. Yet the name "creative schizophrenia" is a misnomer. Disease is a negative condition. If schizophrenia is a mental disease, either the word "creative" or the word "schizophrenia" is wrong. People like Swedenborg may resemble schizophrenics, yet differ from them far more than they are similar. Which appellation is wrong? The decision will not be easy. The innumerable problems that must be faced present a serious threat to vested psychological, psychoanalytic and psychiatric orientation. However, the challenge cannot be permanently ignored, and we should be grateful to authors who present books of this kind to us.

The Frozen Sea. A Study of Franz Kafka. By CHARLES NEIDER. 195 pages. Cloth. Oxford University Press. New York. 1948. Price $3.50.

Charles Neider's study of Franz Kafka is a refutation of what he terms the cabalistic points of view—mystic, supernatural or psychoanalytic, which "must bear the burden of proof." To him, the mystic and supernaturalist sees Kafka's works in a vacuum, unrelated to his psychological structure or outlook upon the nature of society in general. He finds the psychoanalytic view more illuminating, but too highly specialized.

In proceeding with his own interpretation, Neider shows Kafka tortured by severe neurosis, the result of a distorted father-son relationship. Hypersensitive, introspective to the extreme, isolated, he is at odds with his entire environment. His is a constant search for truth and adjustment. According to Neider, Kafka uses the results of introspection to emphasize the irrational, thereby reflecting upon and developing a greater sense of the rational in his readers.

At this point, Neider differs decidedly from other schools of thought. The mystic and psychoanalytic symbolism found in Kafka's works, he has concluded, far from being unconscious, are deliberate instruments designed to demonstrate man's internal and external conflicts. This theory is expounded with brilliance.

As for the mystical point of view, he states, "even if Kafka did write about the divine, it does not follow that his books do not possess a secu-

lar, more fruitful meaning. One may believe one is writing about God, yet actually write about man; and this is a fair probability in any case, since one can write only in terms of one's mortal experience."

Neider uses psychoanalysis in arriving at an understanding of his subject. Certainly, it is logical to assume that Kafka with personal experience in psychoanalysis, used his knowledge in writing. To what degree it was conscious or unconscious must remain a moot point. Neider's ideas are presented with substantial foundation. His study will certainly add to the fires of controversy.

Psychology and Life. Third edition. By FLOYD L. RUCH. 782 pages with illustrated reference manual (brain and nervous system). Scott, Foresman and Company. Chicago, Atlanta, Dallas, New York. 1948. Price $3.75.

Perhaps the author has gone overboard in his attempts to make this book appealing to students. The product is glossy, over-illustrated, and unwieldly through the inclusion of all the popular fads (e. g. Dunninger's radio stunts) and picayune clichés for discussion and analysis. The problem of selecting from a field of such broad scope the proper items for beginners, is indeed a problem with which Dr. Ruch has wrestled. However, he is possibly justified in his final choice: Discussion in such a classroom at this level is almost inevitably a search for the solution of a personal problem, interest in relation to the behavior of a "kid" brother, or in a scientific answer to commonly expressed ideas (Are the eyes really "windows of the soul?").

What has been achieved, however, is fulfillment of one of the most important criteria of a good text: It raises stimulating questions, and points out unsolved problems in a manner that does encourage further research. There are excellent sections on intelligence, and on the emotions, for example, emphasizing and provoking interest in more scientific study. The bibliography and references have been brought up to date for such purposes also.

Most commendable is the emphasis on the possibilities of the contribution of psychology to the eventual solution of social problems through the further understanding of the self and others. Throughout, Dr. Ruch seems more aware than other authors of first-year texts of the duties of students of this field to begin to build a better world, abolish various conflicts and prejudices, and make peace. He offers constructive ideas along these lines.

The Thematic Apperception Test. By MORRIS STEIN. 91 pages. Cloth. Addison-Wesley Press, Inc. Cambridge, Mass. 1948. Price $2.50.

This book is a short manual on administration, scoring and analysis. The author states, "the manual is not intended for the beginners in psychology or for beginners in the study of personality," but this reviewer has found it rather valuable for students and beginners in the study of personality in that the text is at a somewhat elementary level. This fact enhances, rather than detracts from, the value of the book.

Excellent descriptions of the individual T. A. T. cards, along with expected, usual or common stories are included. The administrative technique is outlined in detail, and discussion is exceptionally thorough. The sections devoted to scoring, interpretation and analysis are equally well done. An outstanding feature is the inclusion of a complete clinical protocol, analyzed and interpreted according to the system developed in the text.

The author has limited himself to a discussion of male protocols stating that a future publication will deal with the records of females and children. Also conspicuous by its absence is the lack of information dealing with clinical diagnoses. Although the book is definitely of value, it might have been wiser if the author had delayed publication until sufficient material was available for a complete volume which could have included these missing data.

Can Science Save Us? By GEORGE A. LUNDBERG. 122 pages. Paper and cloth. Longmans, Green and Co. New York. 1947. Price: Paper $1.00, cloth $1.75.

The book is a collection of lectures given at the University of Washington. The author argues very ably that science is the only means of avoiding "perpetual war." However, he warns against the frequent misconception that social and political problems can be solved by methods of the physical sciences. He advocates that efforts be made to develop sociology and specific social techniques. One of the great practical goals of such endeavors should be the removal of hostility toward the scientific treatment of human problems, a hostility the author believes to be prevalent not only in the population at large but among political and religious leaders as well.

Lundberg does not expect wonders and is rather restrained in speaking of the speed with which desirable results could be obtained. However, he ends his plea with the argument that only science can enable us to predict social changes with a degree of accuracy, and then instill a need to derive methods to control predictable changes. There is nothing doctrinarian about Professor Lundberg's argument. Modern history is used extensively to illustrate the many interesting and stimulating points which he makes.

How to Stop Worrying and Start Living. By DALE CARNEGIE. xv and 306 pages. Cloth. Simon & Schuster. New York. 1948. Price $2.95.

Dale Carnegie's *How to Stop Worrying and Start Living* will not reach the popularity, despite its catchy title and journalistic contents, that his former book on winning friends did. The publishers would give you to understand that this latest book can show the reader how to break the worry habit and teach him mental attitudes that will lead to inner happiness and security. That is a big order; and Mr. Carnegie does not satisfy its requirements. But the book is at least a collection of time-tested recipes. It is, again, bootstrap psychologizing; that is, it is self-psychologizing in literature with preconceived hopes of self-betterment thereby.

How to Stop Worrying and Start Living is not a book that will greatly influence the thinking of the American people on human living or human relations. It is, to be sure, an easy-to-read and sometimes inspiring piece of writing, and some may even find it "practical." But it is highly questionable that it will improve America's mental health or add to the individual or cumulative happiness of its citizenry. Yet, "worry" is a definite cause of ill-health, and it would be a boon for any man or woman to know techniques to counteract that "condition." Mr. Carnegie simply mouths platitudes, however—and rather ineffectual ones, at that. The book itself is fascinating to read; but in no way does it contain "great truths," or offer psychological advice that is startingly new or different. There are a few features about *How to Stop Worrying and Start Living* that are noteworthy: the list of publications for guidance about various occupations, the rules summarized as regards worry, the "true stories" from prominent men that conclude the book. It is not that Mr. Carnegie's statements are not true; it is that they are so sweeping, so generalized, so very goody-goody, that they fall rather flat for the mature person who may be truly in need of intelligent psychological counseling.

Father of the Man. How Your Child Gets His Personality. By W. ALLISON and ROBERT J. HAVIGHURST, with a chapter by HELEN ROSS. 214 pages with appendix and index. Cloth. Houghton Mifflin Company. Boston. 1947. Price $2.75.

Here is a mature, though informal, approach to the study of personality growth in children. The treatment is one of social psychology superimposed on a framework of psychoanalysis. The authors are to be congratulated on the skillful manner in which they have preserved the best that there is in dynamic concepts of behavior without driving the general reader, to whom the book is addressed, to a psychiatric lexicon.

Points are driven home mainly through comparative accounts of twins or other sets of siblings, and through the matching of childhood development of "middle class" and "lower class" youngsters. Many of the observations are rather obvious to the initiate, and one is occasionally jarred by such rash generalizations as, "Indeed, the culture of middle class Europeans and Americans probably exerts more severe pressure upon the young child . . . than does the culture of any other people in the world!" By and large, however, the conclusions are plausible.

The authors demonstrate an appreciation of the ambivalent nature of the personality, but they leave the thesis woefully undeveloped. Strangely enough, an abortive discussion of this fundamental attribute of personality is hidden away in a chapter entitled "Learn and Live," where numerous superficial comments on habit formation bear the lion's share of consideration.

A chapter "Like Mother, Like Daughter?" is contributed by Helen Ross, secretary of the Institution for Psychoanalysis in Chicago. Intrafamily stress among siblings and between daughters and parents is intelligently described in this plural case history.

Appendix I, comprising a list of social-class and color differences in practices of child-rearing, might be taken with a pinch of salt, but Appendix II (also by Miss Ross), entitled "Note on Psychoanalytic Technique," together with Appendix III, provides a useful "guide to the intensive study of a child."

Problems in Abnormal Psychology. By NATHANIEL THORNTON. 244 pages with index. Cloth. The Blakiston Co. Philadelphia. 1947. Price $2.00.

The book is a very clear presentation for lay readers of the problems dealt with in psychoanalysis. The author's experience in teaching the psychology of the abnormal stood him in excellent stead in preparing this sensible bird's-eye view of the vast field of abnormal human behavior. The book deserves hearty commendation.

The Three Roads. A Novel of Suspense. By KENNETH MILLAR. 223 pages. Cloth. Alfred A. Knopf, Inc. New York. 1948. Price $2.50.

This novel puts flesh and blood around a well-known statement from Freud: "When a neurosis breaks out in later life analysis invariably reveals it to be a direct continuation of that infantile neurosis, . . ." However, the fact that the psychodynamics of the characters of this book are both plausible and fascinating should not diminish the importance of the equally interesting fact that it is a very good mystery story. The psychiatrically oriented reader will feel compelled to finish it at one sitting.

The Next Development in Man. By LANCELOT LAW WHYTE. xiii and 322 pages. Cloth. Henry Holt & Co. New York. 1948. Price $3.50.

With the dogmatic statement, "Thought is born of failure," Lancelot Law Whyte enters into a brilliant argument for the development of a universal method of thought, providing the basis for a unified humane science and for a world society. The author defines "a humane science" as one which would show man the right way to think in order to understand nature and life including himself, and would thus further the development of a world community.

Mr. Whyte is a scientist who has made an exhaustive study of the writings of Heraclitus, Plato, Paul, Kepler, Descartes, Spinoza, Goethe, Marx, and Freud. He admits to some dependence of thought on Hegel, Bergson, and Whitehead, among others. The author seeks unity in living. He says that world order implies a unity tolerant of diversity; truth, justice, and the welfare of man depend on individuals with the courage and opportunity to express their varied opinions. This viewpoint, to be certain, is a valid and fundamental approach to real democratic living. Mr. Whyte gives fresh perspective to the moral, political, and intellectual uncertainties of our time.

The Next Development in Man is one of the finest syntheses and reorganizations of existing knowledge that has appeared in our time. The presentation is stimulating and original. The book has great value for the practical man and the theoretic thinker. Mr. Whyte not only diagnoses our ills intelligently, he propounds our remedy; and if only for this feature, *The Next Development in Man* should be received with favor by the American public.

Projective Methods. By LAWRENCE K. FRANK. 86 pages. Cloth. Charles C. Thomas, Publisher. Springfield, Ill. 1948. Price $2.75.

The author states: "This lecture offers an introduction to the place, significance and underlying theory of projective methods, their relation to recent developments in scientific thinking and methodology and a brief description of the different kinds of projective procedures now in use. The lecture does not give any specific directions for using or interpreting projective results but rather provides what may be called the rationale of such methods."

The title of the book is misleading. It might more appropriately be called "Rationale of Projective Techniques." Perhaps its value is for the beginner who has yet to be exposed to the rationale behind projective methods. If so, that value is established.

The Way to Be Happy. By LAWRENCE GOULD. 301 pages. Cloth. Doubleday & Co. Garden City, N. Y. 1948. Price $2.95.

Mr. Gould's book is valuable and handy, although it has a misnomer as title: It should be named *First Aid for Neurotics.* It concerns especially those neurotics who, because of external obstacles, will never be capable of consulting a psychiatrist. The author (creator of King Features' syndicated column on psychology, conducted on a remarkably high level) clarifies his aims:

". . . no book alone can cure you of a serious mental illness because what you 'get out of' any book is limited by your emotional reaction to its contents; if it stirs your inner conflicts up too sharply, it will only frighten you or make you angry. Neither can you cure yourself by even the most earnest efforts, for this is like trying to see your face without looking in a mirror. 'Insight' into any grave misunderstanding must come from some outside agency, preferably a trained expert who will 'mirror' you to yourself. The most I can hope to do for you if you have a really sick mind is to help you recognize it as such, and to know what sort of treatment you should have and where to get it." (pp. 261-262.)

The book states modern psychiatric facts in simple language, reassuringly, and without false optimism. This reviewer finds but one objection: The book does not stress the universality of self-damaging tendencies unconsciously *masochistically* enjoyed.

The Way to Be Happy is well written, and fulfills very successfully the aim which the author had in mind.

Husband Security. By HULDAH TEMPLE. 85 pages. Paper. The William-Frederick Press. New York. 1948. Price $2.00.

The author of this book states that she has written it to show the problems faced by every woman, how these problems may be treated honestly in human terms, and how it is possible to fight the evil forces of divorce.

The author advises women who wish to hold their husbands to utilize the power of prayer, to use the type of auto-suggestion employed by Emile Coué and the type of "thought transference" used by Dunninger.

In other words, she means to suggest that persistent planning and wishing will make one's desires come true and that the projection of one's thoughts upon another through persuasion will give "husband security." This book may be of value to women who approach their problems in a "spiritual" way but for use by the average psychiatrist the suggestions are not practical.

New Techniques of Happiness. By ALBERT EDWARD WIGGAM. 352 pages. Cloth. Wilfred Funk, Inc. New York. 1948. Price $3.75.

Wiggam's book is intended to help the individual attain greater happiness by applying techniques which he outlines. The general subject of happiness is discussed in detail and so-called tests are furnished by which the reader can measure his own degree of happiness in general, or more specifically, if desired, in regard to such factors as love, work, play and friendships. The book is simply "loaded" with tests of all kinds and descriptions. The reader is able to test his popularity, degree of prejudice, open-mindedness and even predict happiness for weeks and months ahead. What is there left?

There are chapters on "You Can Learn to Be Happy," "Happy and Unhappy People Have the Same Problems," "How to Overcome Self-Consciousness," "How to Conquer Fear and Worry," "How to Cure Your Comparison Complex," "How You Can Master Your Environment," "How to Get Along with People," and others of similar scope.

This book might be of great interest to those who are curious about themselves, but this reviewer doubts if it can change individual behavior patterns in important respects. In addition, there is danger that laymen will misunderstand and misinterpret data of this type.

The Challenge of Hate. By A. R. LERNER and HERBERT POSTER. 96 pages. F. F. F. Publishers, Inc. New York. 1947. Price: paper, $1.00; cloth, $2.50.

In their *The Challenge of Hate,* A. R. Lerner and Herbert Poster have produced a powerful and dramatic story of the struggle of democracy against disruption and disunity. It is a photo-record with explanatory text. The authors are firm in the conviction that the people of the United States have the tradition, the moral strength and the integrity necessary to meet and vanquish the challenge of hatred and to frustrate the efforts of those who seek to triumph over democracy and prevent us from leading the world to a new era of freedom and co-operation.

The Challenge of Hate considers problems ranging from the atom bomb to world affairs, from labor's rights to juvenile delinquency. It offers not merely a reflection of the evils that beset our society but a positive and direct guide to a counter-offensive against forces of hatred. The authors are not content to show only the problems of life: They devote much space to demonstrating that techniques exist to combat and eradicate besetting evils. This little book hits the roots of bigotry with the sharp eye of the camera and the razored words of fact.

Walden Two. By Dr. BURRHUS F. SKINNER. 266 pages. Cloth. Macmillan Co. New York. 1948. Price $3.00.

This novel depicts a Utopian community within the framework of our modern civilization, a conception of an ideal society based upon "behavioral engineering." Psychology is practically applied toward creating happier and more productive individuals, by such things as the building up of frustration tolerance, and removing causes of selfishness and jealousy. From infancy, the members of the commune are subject to a scientifically-planned environment fitting them for life in such a group. Some aspects of the set-up are completely attractive, as the educational system—there are no formal schools or marks, etc., but learning is simply part of living, all the facilities being readily at hand whenever anyone is stimulated to make use of them.

For the most part this book is lofty with the philosophical disputations between the creator of the Walden Two Society and the University Professor Critics who have been invited to look the place over. In fact, this so-called "novel" actually is almost a dialogue where the author answers one by one all the possible intellectual arguments against the society. A few of the personalities of the visiting critics are fairly well developed; but the inhabitants of Walden Two have been so sadly neglected that they are little more than cold shadows who conveniently appear now and then to illustrate a point—as, when contentedly surveying their flower-beds, or attending a musical soiree or birthday party.

Foundations of Psychology. Edited by E. G. Boring, H. S. Langfeld and H. P. Weld. 632 pages. Cloth. John Wiley and Sons, Inc. New York. 1948. Price $4.00.

Boring, Langfeld and Weld have edited and integrated the work of 18 relatively well-known psychologists into a textbook primarily designed for the beginning student in psychology. It is an excellent text for background material and provides a well-rounded orientation in the fundamental principles of psychology.

There are excellent chapters on the nature of psychology, the response mechanisms, responses, growth and development, feelings and emotions, motivation, learning, retention and transfer of learning, recollection, imagination and thinking, perception, sensation and psychological measurement, color, visual space perception, hearing, taste and smell, somesthesis, topographical orientation, individual differences, personal adjustment, vocational selection, attitudes and opinions, and social relations of the individual.

The reviewer agrees that this compilation is "authoritative and consistent in statement, terminology, and style." It should be on the "must" list of all students of psychology.

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Dr. Schmideberg is author of the volume *Children in Need* and of numerous scientific articles on the technique and theory of psychoanalysis, the application of analysis in social problems and education, and the analysis of young children. She is particularly interested in the treatment of major criminals, psychopaths and others with whom standard analytic techniques are ineffective.

DAVID P. AUSUBEL, M. D. David P. Ausubel was born in Brooklyn in 1918; he received his A. B. degree with honors in psychology from the University of Pennsylvania, an M. A. in psychology from Columbia, and his M. D. (cum laude) from Brandeis, where he was graduated in 1943. Following a general internship, he served as senior assistant surgeon in the United States Public Health Service, acting as medical and public health officer in a displaced persons' center in Germany and studying tropical medicine in Nicaragua before a residency at Lexington, Ky. He was on the staff of Buffalo State Hospital as a temporary senior psychiatrist in 1947-1948 and is now engaged in the private practice of psychiatry in Brooklyn. He is also teaching at Long Island University and at Yeshiva University and is doing graduate work for a Ph.D. in child development at Columbia. Dr. Ausubel is married and has one child.

NOLAN D. C. LEWIS, M. D. Dr. Lewis, director of the New York State Psychiatric Institute since 1936, is professor and chief executive officer of the department of psychiatry, Columbia University, lecturer in psychiatry at the New York School of Social Work, director and attending psychiatrist of the department of psychiatry, the Vanderbilt Clinic, and chief consultant in psychiatry for Presbyterian Hospital, New York City. He is the author of a number of scientific papers and books, is editor for psychiatry of the *Yearbook of Neurology, Psychiatry and Neurosurgery*, managing editor of the *Journal of Nervous and Mental Disease*, the *Psychoanalytic Review* and *Nervous and Mental Disease Monographs*, and contributing editor to *Sociometry* and the *Journal of Psychosomatic Relationships*.

Born in Coudersport, Pa., in 1889, Dr. Lewis was graduated in medicine from the University of Maryland in 1914. He studied later at the Johns Hopkins University and the University of Vienna. Before heading the New York State Psychiatric Institute, Dr. Lewis served as pathologist, psychiatrist and in other capacities in the Maryland state hospital system, at St. Elizabeths Hospital in Washington, and at the Neurological Institute, New York City, where he was associate director. His societies include the American Psychiatric Association, the American Neurological Association, the International Psychoanalytic Association and the American Psychoanalytic Association.

CHARLES E. NILES, M. D. Charles E. Niles, born in Rutland, Vt., in 1898, received his bachelor's degree from the University of Vermont in 1922 and his medical degree from the same institution in 1925. After a year of internship, he joined the New York state hospital service at Hudson River State Hospital, where he is now supervising psychiatrist and has been active in the programs for family care, convalescent care, and the outpatient and child guidance clinics. He did limited service in World War I, and in World War II served in the army medical corps from 1940 to 1945, commanding the 50th Station Hospital and serving two years overseas. He was discharged with the rank of colonel.

SENTA JONAS RYPINS. Mrs. Rypins, born in New York City, received her B. A. degree from Barnard College in 1915. Four years later she married Dr. Harold Rypins who later became secretary of the New York State Board of Medical Examiners. Mrs. Rypins has translated numerous medical articles and books, including Franz Kallmann's *Genetics and Schizophrenia.* She is co-author, with Oskar Seidlin, of *Green Wagons,* a children's book. From 1942 to 1946 Mrs. Rypins worked on a project of the New York State Department of Mental Hygiene in connection with its history of 20 state hospitals.

Mrs. Rypins suffered a hearing loss in childhood; she has always been interested in social service for the hard of hearing and is at present with the New York League for the Hard of Hearing.

EDMUND BERGLER, M. D. Dr. Bergler received his medical degree in 1926 from the University of Vienna Medical School. From 1927 to 1937 he was on the staff of the Psychoanalytic Clinic in Vienna, the last four years as assistant director. At the same time he was engaged in private practice. Since 1941 Dr. Bergler has been in private practice in New York City, specializing in psychoanalysis.

He is the author of approximately 100 papers on the theory and therapy of neuroses, published in 11 countries. He has also written six books, dealing with psychoanalysis.

BENJAMIN MALZBERG, Ph.D. Since April 1, 1944 Dr. Malzberg has been director of the Bureau of Statistics of the New York State Department of Mental Hygiene. He had been senior statistician and assistant director of the bureau since 1928. He is a graduate of the College of the City of New York and the New York School of Social Work; he holds A. M. and Ph.D. degrees from Columbia. He studied on a field service fellowship in sociology at University College, London, and at the University of Paris Dr. Malzberg was statistician of the New York State Board of Charities for five years before coming to the Department of Mental Hygiene. He is the author of several books and scientific papers concerning the statistical aspects of mental disease.

NATHAN RAPPORT. Nathan Rapport describes himself as an "amateur analyst" of dreams. Fifty-three years old, he was born in Hartford, Conn., and is now a resident of St. Albans, N. Y. He is a designer and until about two years ago was with the Metro-Goldwyn-Mayer motion picture company. While there, he became interested in what he considers a similarity between motion pictures and dreams, and he has since worked on other aspects of the dream problem.

SADI OPPENHEIM, M. A. Sadi Oppenheim, co-author of "The Effects of Electric Shock Therapy as Revealed by the Rorschach Technique" in this issue of THE PSYCHIATRIC QUARTERLY SUPPLEMENT, is a clinical psychologist. She is with the psychiatric division, Bellevue Hospital, New York City.

DANIEL BROWER, Ph.D. Dr. Brower is instructor in psychology, New York University, and in the graduate division of Brooklyn College. He was formerly assistant in medical psychology, New York University Medical College and the psychiatric division of Bellevue Hospital.

FRANZ J. KALLMANN, M. D. Dr. Kallmann is head of the department of medical genetics at the New York State Psychiatric Institute, with the title of associate research medical geneticist. He is also associate in psychiatry at the College of Physicians and Surgeons, Columbia University. Born in Neumarkt, Germany, in 1897, he received his medical de-

gree from the University of Breslau in 1919. He was director of the neuropathological laboratories of the Municipal Hospitals Berlin-Herzberge and Berlin-Wuhlgarten and a research fellow of the Kaiser Wilhelm Research Institute of Psychiatry in Munich before he joined the Psychiatric Institute staff in 1936.

PAUL O. KOMORA. Mr. Komora has been secretary of the New York State Department of Mental Hygiene since 1944. He came to the department in 1942 as assistant secretary after 25 years service with the National Committee for Mental Hygiene, begun before World War I as secretary to Dr. Frankwood E. Williams, then associate medical director. He served as a noncommissioned officer in the World War I army as secretary to Col. Thomas W. Salmon, director of neuropsychiatry in the American Expeditionary Force in France, and continued as Dr. Salmon's secretary after the war when Dr. Salmon was medical director of the national committee. He was later engaged in editorial work and survey work for the national committee for many years; and he is the author of numerous articles and reports in the mental hygiene field.

RONALD WYATT. Mr. Wyatt describes himself as a 29-year-old, free-lance radio writer, specializing in psychological suspense. He has been writing for the radio since 1939, when he started with "commercials." His verse in the present PSYCHIATRIC QUARTERLY SUPPLEMENT is the plaint of a character in what he calls a "children's book for adults," *Egypt Jones, Esq.*, dealing with psychiatric treatment. He informs us that he is now working on a psychoanalytic novel with a Los Angeles physician.

NEWS AND COMMENT

1949 SUMMER ACTIVITIES SCHEDULED

"Anxiety" has been announced as the topic for the symposium of the 1949 annual meeting of the American Psychopathological Association in New York City, June 3 and 4. Four sessions, clinical, psychological, physiological and socio-anthropological, will be conducted.

Dates for the Third Congress on General Semantics have been announced for July 22, 23 and 24, 1949 at the University of Denver. The sixth annual seminar-workshop course in non-Aristotelian methodology for General Semantics has been announced by the Institute of General Semantics, Lakeville, Conn., for August 14 to September 6. Forty hours of seminar training and 60 hours of workshop sessions are offered. Enrollment is limited to 50 and a "limited number" who cannot attend the full course may enroll for the 40 hours of seminar lectures which will be conducted by Alfred Korzybski.

The Laboratory of Applied Physiology of Yale University has announced that its annual Summer School of Alcohol Studies will be held in two separate, but equivalent, sessions this year. There will be a western session from June 6 to June 29 at Trinity University, San Antonio, Texas, and an eastern session at Yale from July 8 to August 5. E. M. Jellinek, Sc.D., will be director for both sections.

TRAINING OPPORTUNITIES ANNOUNCED

The American Association of Psychiatric Clinics for Children, 1790 Broadway, New York City 19, has announced the offering of a number of fellowships for training in child guidance clinic psychiatry. They are for one and two years and prerequisites include two years of approved general psychiatry.

The Veterans Administration District Office No. 1 at Boston (55 Tremont St.) has announced a limited number of openings for residency training in neuropsychiatry for July 1, 1949 appointment. They are at five New England veterans' hospitals and clinics.

The Board of Examiners of the New York City Board of Education, 110 Livingston Street, Brooklyn 2, has announced examinations will be conducted early in the fall of 1949 for the positions of school psychologist and supervisor of school psychologists. Annual salaries are $3,516 to $5,664 for the psychologist post, and $6,000 for supervisor. The board is inviting correspondence, which should be addressed for the attention of Joseph Jablonower.

GUIDO DE RUGGIERO, CRITIC OF EXISTENTIALISM, DIES

Guido de Ruggiero, Italian philosopher and historian, died in Rome, Italy, on December 20, 1948 at the age of 60. Professor de Ruggiero, an official of the United States Educational, Scientific and Cultural Organization, was internationally known as a writer and educator. He was author of a 16-volume history of philosophy. His work attracted wide attention recently among American workers in philosophy and psychology, with the publication of his book *Existentialism, Disintegration of Man's Soul.*

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